Mamawetan Churchill River Health Region
2004-2005 Annual Report

BOARD OF DIRECTORS

Louise Wiens, Chairperson - La Ronge
(306) 425-2119

Mary Denechezhe, Vice-Chairperson - Wollaston Lake
(306) 633-4849

William Dumais - Southend
(306) 758- 2154

Charlene Logan - Flin Flon / Creighton / Denare Beach
(306) 688-7437

Al Rivard - La Ronge
(306) 425-3961

Tammy Cook-Searson - La Ronge
Lac La Ronge Indian Band
(306) 425-5000

Peter Bear – Sandy Bay
(306) 754-2165

Ida Ratt-Natomagan – Pinehouse
(306) 425-4860

Ron Woytowich – La Ronge
(306) 425-2051

Al Loke – La Ronge
(306) 425-5505

Larry Beatty – Deschambault Lake
(306) 632-2106

Table of Contents

GLOSSARY OF ABBREVIATIONS 6
WHO WE ARE 8
- MISSION, VISION AND VALUES: 8
- GOVERNANCE AND ORGANIZATION: 10
- HEALTH CARE ORGANIZATIONS & OTHER THIRD PARTY RELATIONSHIPS: 12

REGIONAL ENVIRONMENTAL SCAN: 13
MAJOR INITIATIVES/ACCOMPLISHMENTS: 20
PROGRESS AND RESULTS: 24
CHALLENGES AND FUTURE DIRECTIONS: 30
PERFORMANCE MANAGEMENT SUMMARY: 30
MANAGEMENT REPORT 44
FINANCIAL SUMMARIES: 45
PAYEE DISCLOSURE LIST: 68

The electronic version of this annual report may be found at: www.mcrrha.sk.ca.

Mamawetan Churchill River Health Region

"To preserve, promote and enhance the quality of life through leadership and working together in wellness."

Box 6000
La Ronge, Sk. S0J 1L0
Phone : (306) 425-2422
Fax : (306) 425-5432

To: Minister of Health

The Mamawetan Churchill River Regional Health Authority is pleased to provide you and the residents of the health region with its 2004-05 annual report.

This report provides the audited financial statements of the region for the year ended March 31, 2005 as well as outlining the Region's activities and accomplishments for that period.

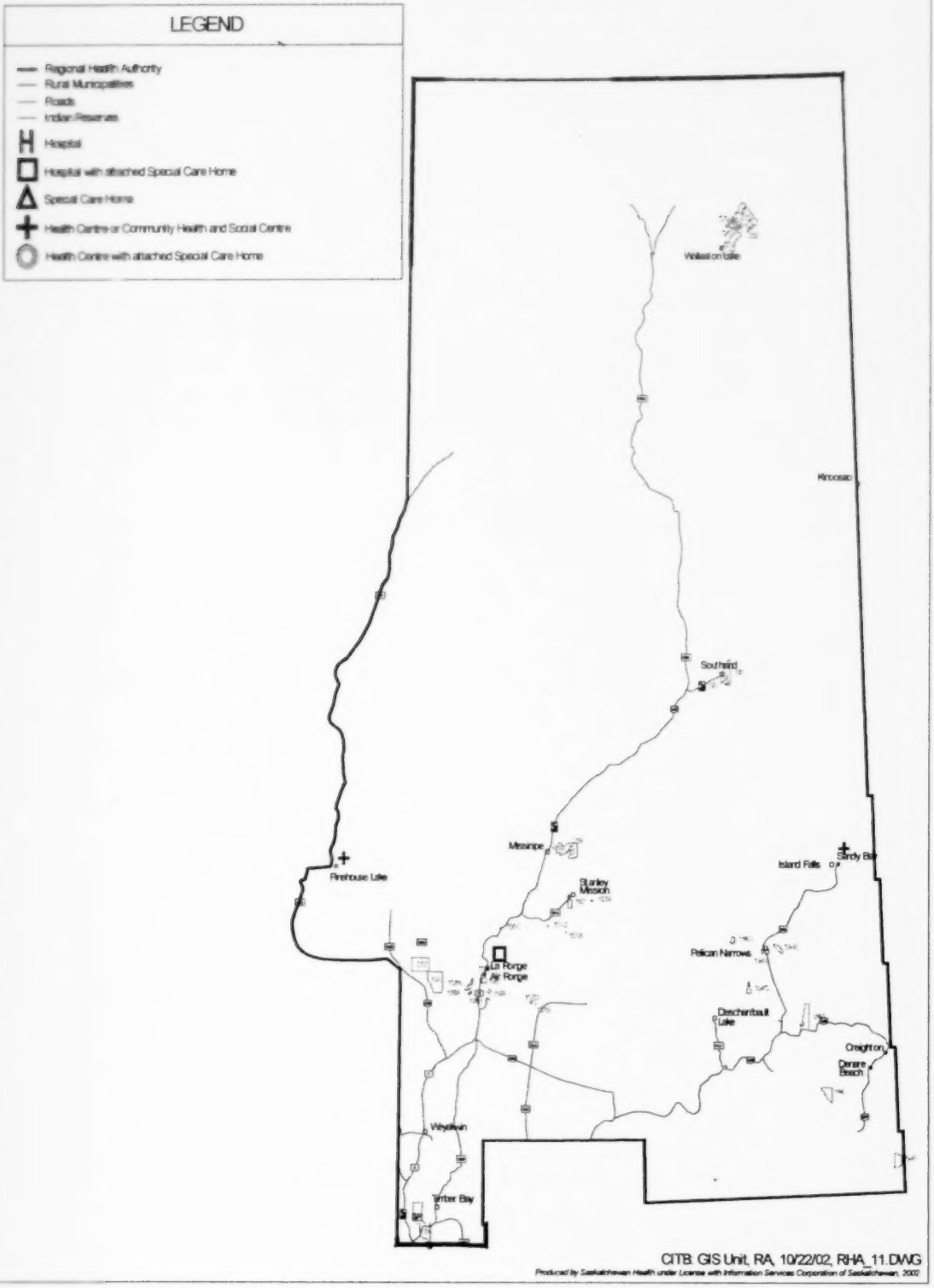
Respectfully submitted,

Louise Wiens,
Chairperson

Saskatchewan Health

Mamawetan Churchill River Regional Health Authority

(2002 Population 21,094)



Glossary of Abbreviations

105-06583/

AEDC	Aboriginal Employment Development Coordinator
AHA	Athabaska Health Authority
APRS	Addiction Prevention and Recovery Services
BMI	Body Mass Index
CADAC	Creighton Alcohol and Drug Awareness Council
CAPC	Community Action Plan for Children
CCHSA	Canadian Council on Health Services Accreditation
CDA	Canadian Diabetes Association
CHAP	Community Health Action Plan
CQI	Continuous Quality Improvement
DaPT-Polio-Hib	Diphtheria, Pertussis, Tetanus – Polio – Hemophilus Influenza Type B Vaccination
DMF	Decayed, Missing, Filled
ECIP	Early Childhood Intervention Program
FASD	Fetal Alcohol Syndrome Disorder
HCO	Health Care Organization
HRDC	Human Resources Development Canada
HSAS	Health Sciences Association of Saskatchewan
ICFS	Indian Child and Family Services
IP	Internet Protocol
JJE	Joint Job Evaluation
KCC	Kinsmen's Children Centre
KFN	Kids First North
KYHR/RHA	Keewatin Yatthe Health Region/Regional Health Authority
LPN	Licensed Practical Nurse
LTC	Long Term Care
MCRHR/RHA	Mamawetan Churchill River Health Region/Regional Health Authority
MDS	Minimum Data Set
MHO	Medical Health Officer
MMR	Measles, Mumps, Rubella Vaccination
MRSA	Multiple Resistant Staph Aureus
NFS	Nutrition & Food Services
NLSD	Northern Lights School Division
O&G	Obstetrics & Gynecology
OH&S	Occupational Health & Safety
OOS	Out of Scope
P&P	Policies & Procedures
PART	Professional Assault Response Training
PBCN	Peter Ballantyne Cree Nation
PCN	Primary Care Nurse
PHI	Public Health Inspector
PHU	Population Health Unit
PYLL	Potential Years of Life Lost

RHA	Regional Health Authority
RN	Registered Nurse
SAHO	Saskatchewan Association of Health Organizations
SARS	Severe Acute Respiratory Syndrome
SCA	Special Care Aide
SGEU	Saskatchewan Government & General Employees Union
SGI	Saskatchewan Government Insurance
SIIT	Saskatchewan Indian Institute for Technology
SIPH	Saskatchewan Institute for the Prevention of Handicaps
SLP	Speech Language Pathologist
SRNA	Saskatchewan Registered Nurses Association
STI	Sexually Transmitted Infection
SUN	Saskatchewan Union of Nurses
TB	Tuberculosis
TLR	Transferring, Lifting and Repositioning
WHMIS	Workplace Hazardous Materials Information System

Mamawetan Churchill River Health Region
2004-2005 Annual Report

Who We Are:

Strategic Direction:

Mission, Vision and Values:

Mission:
"To preserve, promote and enhance the quality of life through leadership and working together in wellness."

External Vision: "Children will be born healthy and raised in a safe, healthy and happy environment supported by the family and the community."
Internal Vision: "Our organization will be a safe and healthy workplace characterized by a reflective workforce and recognized by trust and respect for all employees; openness in all we do; and with an ongoing desire to improve services to our residents and to provide life long learning and career opportunities among our staff."

Values:
We believe that:

- Every person and culture has the right to their values and beliefs (this includes culture and spiritual beliefs).
- Each individual has unlimited potential.
- People, especially children, are our most important resources.
- All people have equal intrinsic worth.
- The family, community and environment are primary influences in the development of the individual.
- Health is an important element in the development of an individual's mental, physical, social, spiritual and emotional needs.
- We need truth, honesty, respect and commitment for all in the framework of society.
- Everyone is created equal, unique and worthwhile.

Strategic Themes (January 2005):

- Mamawetan Churchill River Regional Health Authority organizational development and effectiveness. (Relates to Saskatchewan Action Plan Goals 1 and 4.)
    - All activities in the organization will reflect MCRRHA's Mission, Vision, Values and Principles.
    - All stakeholders in MCRRHA will recognize, understand and exercise their ability to influence the day to day effectiveness of services provided by MCRRHA.
    - We will effectively change organization culture to model organizational capacity building and development.
    - Staff will be energetic, engaged and positive.

- MCRRHA will have strong mutually advantageous partnerships with other health organizations and organizations in other sectors whose work and policies directly affect the health of the residents of MCRRHA.

- Community Development and Capacity Building (Relates to Saskatchewan Health Action Plan Goals 1 and 3.)
  - MCRRHA will be an organization that incorporates the community capacity building and community development model.
  - MCRRHA communities and its organization will model healthy, respectful, vibrant, involved environments using community development and capacity building practices. (We will be change agents.)
- Health Promotion, Disease and Injury Prevention (Relates to Saskatchewan Health Action Plan Goal 3.)
  - Active healthy living will be the norm in northern Saskatchewan.
  - Regional health promotion plan focusing on: mental health, nutritious food, decreased substance abuse and active communities.
  - We will create awareness of healthy families.
  - We will work in partnerships with others to support and promote strong and healthy families.
- Current and Future Health Services to meet priority needs (Relates to Saskatchewan Health Action Plan Goal 2.)
  - Premature deaths will decrease.
  - Communities will understand the root causes of premature deaths.
  - The rates of drug and alcohol use in youth will reduce.
  - Effective programs and services will exist to meet the needs of the elderly, disabled and vulnerable individuals in our communities.
  - We will create a regional diabetes plan.

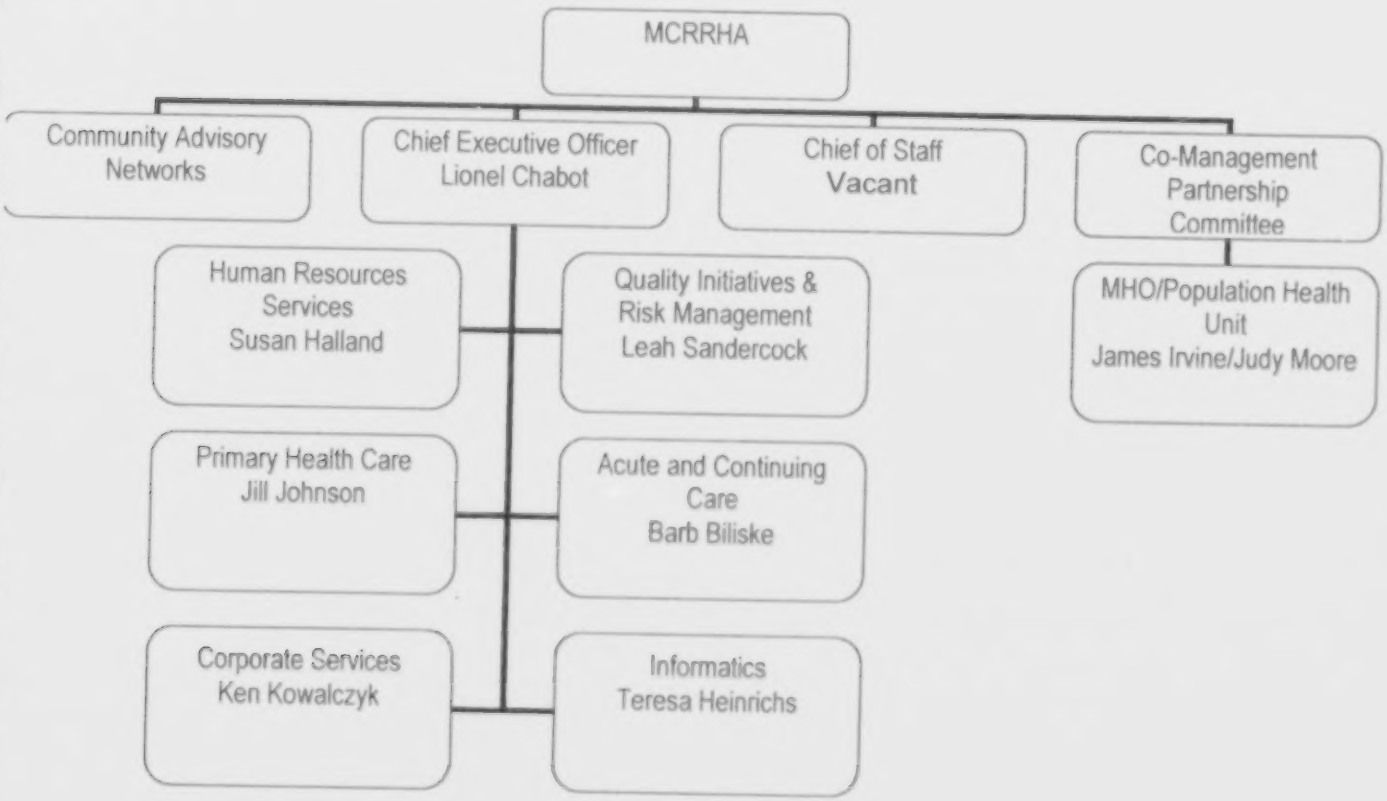
Governance and Organization:

Roles and Responsibilities of MCRRHA:
As defined in the Accountability Document which discusses the expectations in relation to the following key areas:

- Strategic Planning
- Fiscal management and reporting
- Relationships
- Quality management
- Monitoring, evaluation and reporting
- Management and performance

The RHA membership is reflective of the communities we serve and meets publicly 10 times per year in communities throughout the region utilizing a consensus model of decision making. At each meeting, RHA members are expected to report on their community's activities, events and issues. As a result, the committee structure is limited to the Committee of the Whole as described under the Act.

Organizational Chart:
MCRHR is organized utilizing a departmental model. Each program manager or director is held accountable for one or more functions. The Executive Directors and their reports, Directors, MHO, Chief of Staff and CEO make up the Leadership Group. An organizational chart is provided for reference.


MCRRHA
Community Advisory Networks
Chief Executive Officer Lionel Chabot
Chief of Staff Vacant
Co-Management Partnership Committee
Human Resources Services Susan Halland
Quality Initiatives & Risk Management Leah Sandercock
MHO/Population Health Unit James Irvine/Judy Moore
Primary Health Care Jill Johnson
Acute and Continuing Care Barb Biliske
Corporate Services Ken Kowalczyk
Informatics Teresa Heinrichs

Functional Review:
The following is a list of programs and their functional areas of responsibility:

Human Resources:
- Long service recognition
- Human resource planning
- Recruitment
- Labour relations
- Performance management
- Staff orientation program
- Aboriginal Employment Development Program
- Summer student placements
- Employee & family assistance program
- Disability management program
- Payroll
- Benefits
- 4 FTE staff reporting

Quality Initiatives & Risk Management:
- Regional OH&S committee
- Quality of care & concern handling
- Risk management
- Regional infection control committee
- Continuous quality improvement committee
- Quality Improvement Advisory Group Rep, Health Quality Council
- 0 FTE staff reporting

Primary Health Care Services:
- Primary care demonstration site in La Ronge
- Primary health care centres in Sandy Bay & Pinehouse
- Administration of Creighton Health Centre
- Kids First North
- Sexual Wellness
- Emergency Medical Services – Sandy Bay, Creighton, Denare Beach
- Physician Services – Sandy Bay, Denare Beach, Pelican Narrows
- Public Health Nursing services
- Dental Health
- Community Health Educators
- Mental Health
- Addictions Prevention & Recovery Services
- Acquired Brain Injury
- Problem Gambling Prevention
- Diabetes Education
- Dietitian
- Medical transportation
- 62 FTE staff reporting

Acute and Continuing Care Services:
- Acute and emergency services La Ronge Health Centre
- Liaison services
- Central supply room
- Pharmacy
- Physiotherapy
- Diagnostics – Lab, X-ray, Ultrasound
- Long term care, respite & palliative services
- Volunteers, activities, home care
- Support Services – Housekeeping, Dietary, Maintenance
- Emergency Disaster Planning
- Pandemic Planning
- Regional vehicles management
- 85 FTE staff reporting

Corporate Services:
- Financial reporting
- Materials management
- Contracts
- Insurance
- Asset Management
- System Controls
- 4 FTE staff reporting

Informatics:
- Information systems & telephony
- Telehealth, La Ronge & Provincial Network Operations Manager
- Health Records
- La Ronge Health Centre switchboard
- Communications
- Privacy
- Board Support
- 7 FTE staff reporting

Population Health Unit:
- A partnership between the RHAs in the north under the auspices of the Co-Management Partnership Committee and Co-Management Advisory Group, which provides direction to the Population Health Unit.
- Public Health Nutrition
- Environmental Health
- Communicable Disease Control
- Chronic Disease Control
- Dental Health Education
- Health Indicators Development
- Health Indicators Report
- Medical Health Officer Services
- 15 FTE staff reporting

Community Advisory Networks:
Policies and procedures have been established around geographic representation. Networks will be located in 4 areas: La Ronge/Air Ronge/ LLRIB Reserves, Pinehouse, Sandy Bay/Pelican Narrows/Deschambault Lake, and Creighton/Denare Beach/Flin Flon. Currently all networks have been recruited with the exception of Sandy Bay/Pelican Narrows/Deschambault Lake. Orientation sessions will be starting in August 2005.

Health Care Organizations & Other Third Party Relationships:

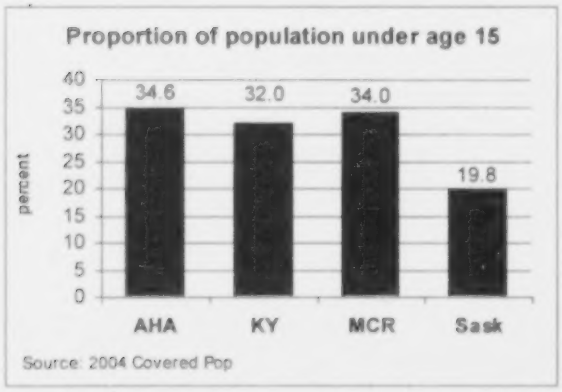
- CADAC – provides outpatient addictions prevention and recovery services in the Creighton/Denare Beach area.
- Sandy Bay Outpatient Centre – provides outpatient addictions prevention and recovery services in the Sandy Bay area.
- Contracted EMS – La Ronge, PBCN Health Services, NorMan RHA (Flin Flon General Hospital Ambulance Service).

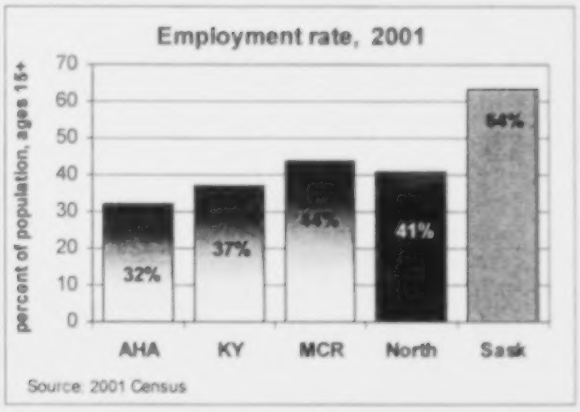
Regional Environmental Scan:

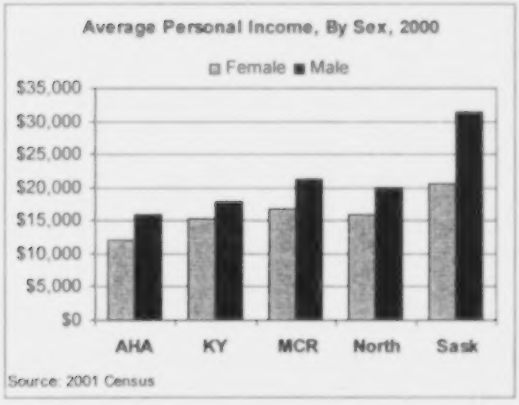
Key Geographical, Social and Economic Factors Influencing Regional Priorities and Actions

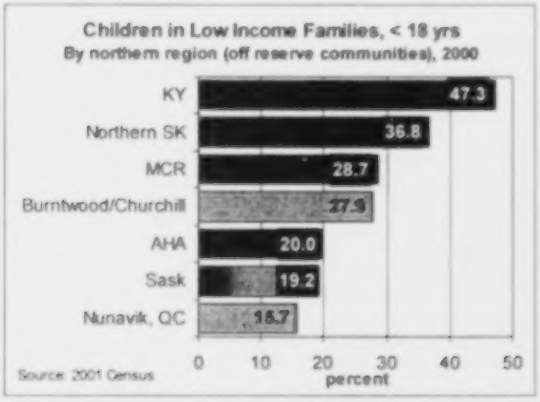
For an in-depth picture of community characteristics and non-medical determinants of health, see the Northern Saskatchewan Health Indicator Report 2004 (www.mcrrha.sk.ca).

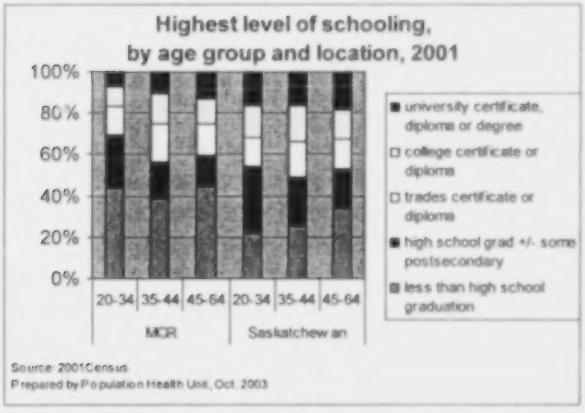
- The covered population of the MCR health region grew 18.9% from 1994 (18,010) to 2004 (21,415). By comparison the Saskatchewan population grew 0.4 % in the same period.
- 34% of the covered population in MCRHR, compared to 20% in Saskatchewan, are under the age of 15.
- 76.6 % of the MCR population are Aboriginal, compared to 13.5% in Saskatchewan. (Census 2001)
- An Aboriginal language was spoken in the homes of 50.7% of northern people in 2001, up from 47.6% in 1996, compared to 3 % of Saskatchewan people, up from 2.5% in 1996.
- Approximately 45% of the population live in First Nations communities and 55% live in off-reserve communities. (Census 2001)
- The employment rate in MCRHR was 43.9%, compared to 63.5% in Saskatchewan in 2001.
- In MCRHR, 28.7% of children, compared to 19.2% in Saskatchewan, are in low income families. (2001 Census)
- In the MCRHR, the average personal income for males ($21,250) and females ($16,754) was 67.8% and 81.7% of the average incomes for their Saskatchewan counterparts. (Census 2001)
- Enrolment in northern schools has increased from 7,831 students in 1988 to 10,725 students in 2002 - an increase of 37%. The greatest increase was in the secondary schools, followed by the middle years and elementary schools. First Nations' schools had larger increases in all levels than northern provincial schools, in which there was a slight decrease in enrolment in kindergarten and elementary grades. (Northern Saskatchewan Regional Training Needs Assessment Report 2003.)
- The highest level of schooling was less than grade 12 for 45.9% of men and 41.1% of women aged 20 to 34 years in MCRHR, compared with 25.4% of men and 18.3% of women in all of Saskatchewan. (Census 2001)
- The proportion of the MCRHR population by age group who completed trades, college or university education was 30.7% (20 to 34 years), 43.4% (35 to 44 years), and 40.5% (45 to 64 years), compared with 45.7%, 51.0%, and 47.2% of the Saskatchewan population in the respective age groups. (2001 Census)
- Crowded housing contributes to transmission of communicable diseases. The average number of people per room decreased between the 1996 and 2001 Census years, but still remains nearly double the average for all of Saskatchewan.

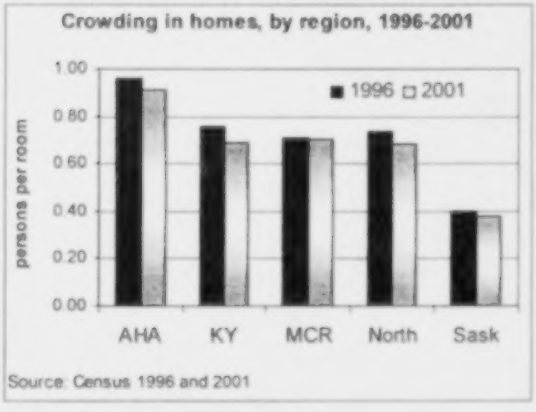

Proportion of population under age 15
percent
40
35
30
25
20
15
10
5
0
34.6
32.0
34.0
19.8
AHA
KY
MCR
Sask
Source: 2004 Covered Pop

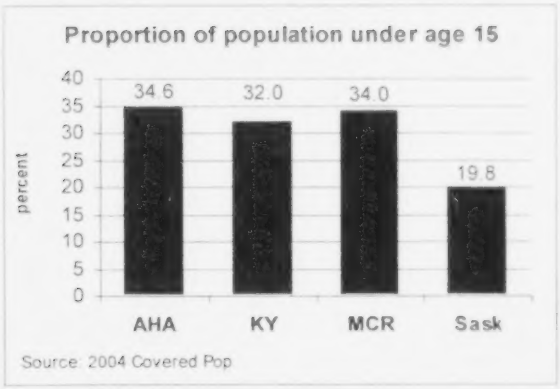

Employment rate, 2001
percent of population, ages 15+
70
60
50
40
30
20
10
0
32%
37%
44%
41%
64%
AHA
KY
MCR
North
Sask
Source: 2001 Census

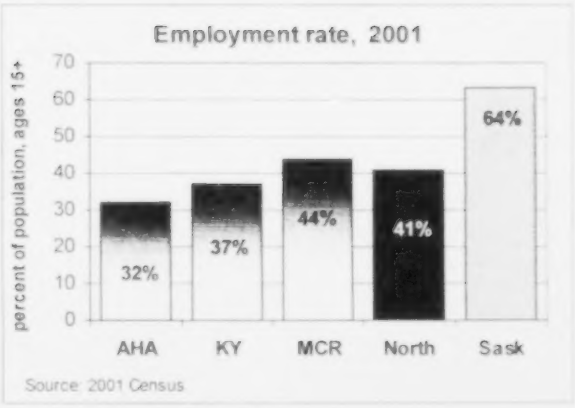

Average Personal Income, By Sex, 2000
Female
Male
$35,000
$30,000
$25,000
$20,000
$15,000
$10,000
$5,000
$0
AHA
KY
MCR
North
Sask
Source: 2001 Census

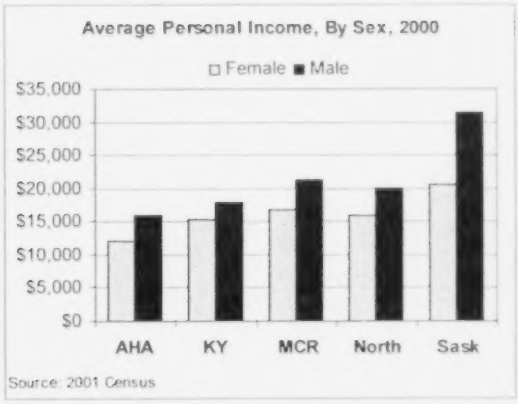

Children in Low Income Families, < 18 yrs
By northern region (off reserve communities), 2000
KY
Northern SK
MCR
Burntwood/Churchill
AHA
Sask
Nunavik, QC
47.3
36.8
28.7
27.9
20.0
19.2
15.7
0
10
20
30
40
50
percent
Source: 2001 Census

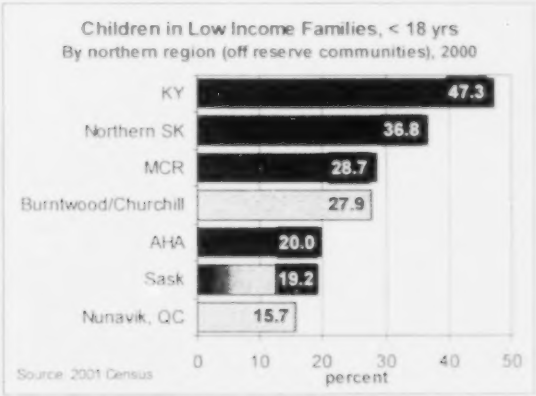

Highest level of schooling,
by age group and location, 2001
100%
80%
60%
40%
20%
0%
20-34
35-44
45-64
20-34
35-44
45-64
MCR
Saskatchewan
university certificate, diploma or degree
college certificate or diploma
trades certificate or diploma
high school grad +/- some postsecondary
less than high school graduation
Source: 2001Census
Prepared by Population Health Unit, Oct. 2003

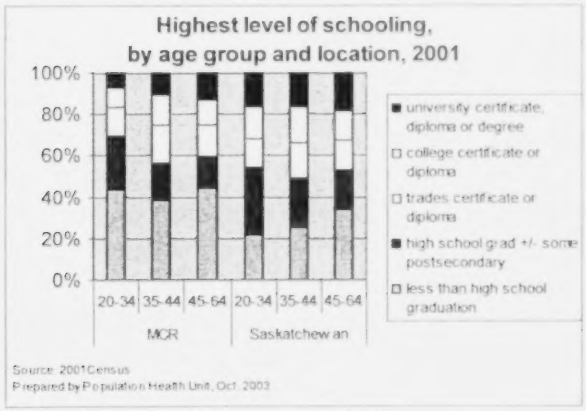

Crowding in homes, by region, 1996-2001
persons per room
1.00
0.80
0.60
0.40
0.20
0.00
1996
2001
AHA
KY
MCR
North
Sask
Source: Census 1996 and 2001

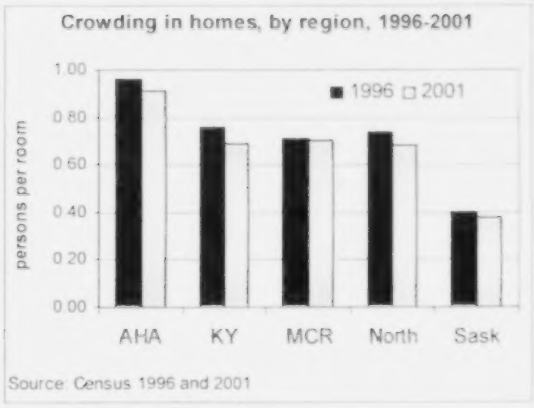

Proportion of population under age 15
percent
40
35
30
25
20
15
10
5
0
34.6
32.0
34.0
19.8
AHA
KY
MCR
Sask
Source: 2004 Covered Pop


Employment rate, 2001
percent of population, ages 15+
70
60
50
40
30
20
10
0
32%
37%
44%
41%
64%
AHA
KY
MCR
North
Sask
Source: 2001 Census


Average Personal Income, By Sex, 2000
Female
Male
$35,000
$30,000
$25,000
$20,000
$15,000
$10,000
$5,000
$0
AHA
KY
MCR
North
Sask
Source: 2001 Census

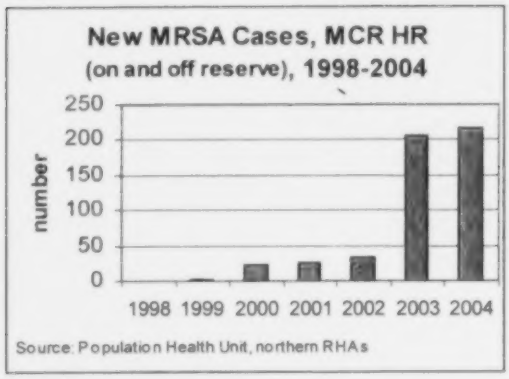

Children in Low Income Families, < 18 yrs
By northern region (off reserve communities), 2000
KY
Northern SK
MCR
Burntwood/Churchill
AHA
Sask
Nunavik, QC
47.3
36.8
28.7
27.9
20.0
19.2
15.7
0
10
20
30
40
50
percent
Source: 2001 Census


Highest level of schooling,
by age group and location, 2001
100%
80%
60%
40%
20%
0%
20-34
35-44
45-64
20-34
35-44
45-64
MCR
Saskatchewan
university certificate, diploma or degree
college certificate or diploma
trades certificate or diploma
high school grad +/- some postsecondary
less than high school graduation
Source: 2001Census
Prepared by Population Health Unit, Oct. 2003


Crowding in homes, by region, 1996-2001
persons per room
1.00
0.80
0.60
0.40
0.20
0.00
1996
2001
AHA
KY
MCR
North
Sask
Source: Census 1996 and 2001

Emerging Health Issues

MRSA



MRSA is a type of bacteria that is resistant to commonly used antibiotics and is mainly seen as skin infections in the community setting. Over the past 2 years in northern Saskatchewan, the number of MRSA cases increased. Almost 75 % of the 402 MCRHR cases in 2003 and 2004 were diagnosed in 3 communities. New guidelines have been developed to assist with management of MRSA in the community to complement those already available for the hospital setting.

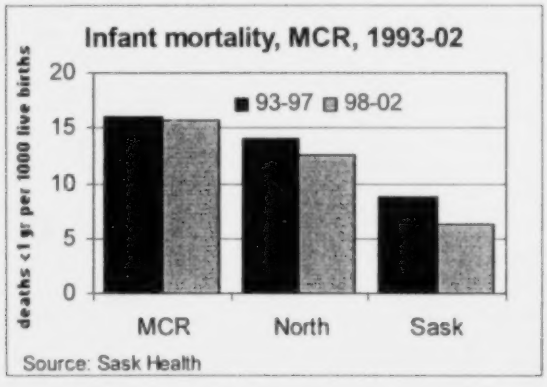
A research project looking at ways to prevent and reduce the impact of antimicrobial resistance in northern communities has been initiated by a partnership between the University of Manitoba, the Saskatchewan and Manitoba provincial laboratories, Health Canada, the northern health authorities' Population Health Unit, the Northern Inter-Tribal Health Authority and various partnering communities and their health authorities. Funding has been provided through the Canadian Institute on Health Research.

Other Health Issues in MCRHR

There are growing numbers of MCRHR residents living with diabetes, heart disease, stroke, blood-borne pathogens and the complications of these illnesses. Increased efforts will be required to support clients and their families in managing their illnesses and preventing new cases.

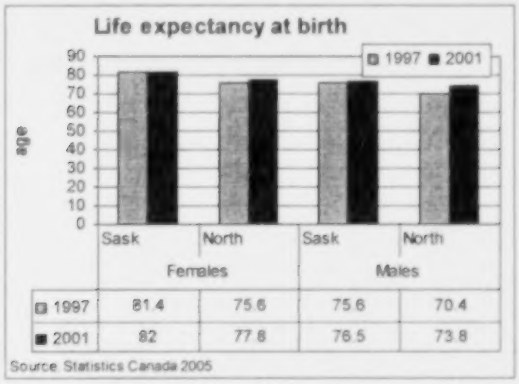
Health Status and Outcome Indicators

- **Infant mortality rate per 1,000 live births (3.1.1.1)**

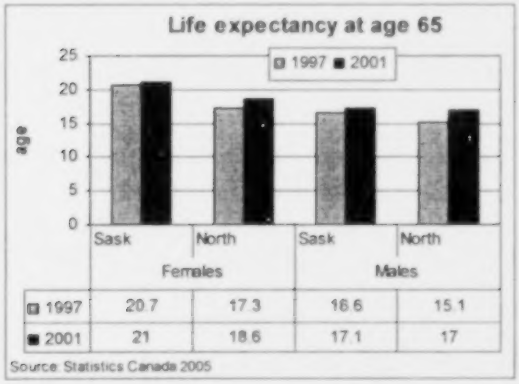


The infant mortality rate for MCRHR in 1998-02 (15.7/1,000 live births) dropped very slightly from the 1993-97 (16.1/1,000). It was 1.3 times the northern rate (12.5/1000), and 2.6 times the Saskatchewan rate (6.24/1000) in 1998-02. The infant mortality rate is a measure of child health and also of the well-being of a society. It reflects the level of mortality, health status, and health care of a population, and the effectiveness of preventive care and the attention paid to maternal and child health.

- **Life expectancy (at birth and at age 65 years) (3.1.1.5)**



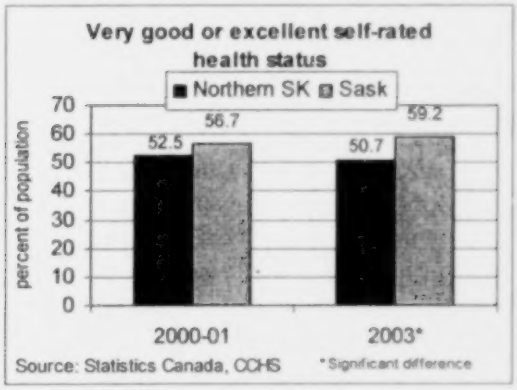
The life expectancy at birth in the three northern health regions increased 2.2 years among females to 77.8 years and 3.4 years among males (to 73.8 years) from 1997 to 2001. Although the differences remain significant, the gap in life expectancy at birth is closing with only a 0.6 year gain among females (to 82 years) and 0.9 year gain among males (to 76.5 years) across Saskatchewan in the same period.



The life expectancy among those who reach age 65 in the three northern health regions increased from 1997 to 2001 by 1.3 years among females (to 18.6 years or 83.6 years of age) and 1.9 years among males (to 17 years or 82 years of age). The increases in all of Saskatchewan were smaller than in the North, but the life expectancy at age 65 remains significantly lower for northern Saskatchewan people.

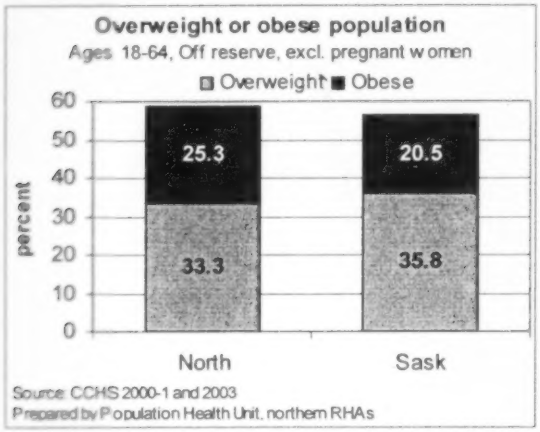
Northern Saskatchewan residents have the lowest life expectancy in the province at birth and at age 65, reflecting their overall health status in comparison to their southern counterparts, as well as the influence of health determinants such as the proportion of the population living in poverty.

- **Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent (3.1.1.6)**



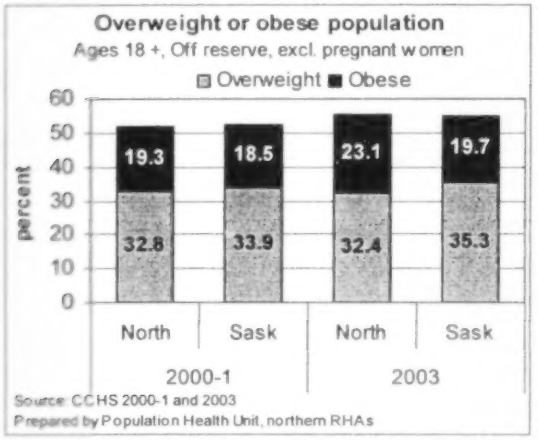
Self-rated health is an indicator of overall health status. It can reflect aspects of health not captured in other measures, such as: early stages of disease, disease severity, aspects of positive health status, physiological and psychological reserves and social and mental function. The proportion of northern residents who rated themselves as having very good or excellent health status dropped nearly 2% (to 50.7%) from 2000-01 to 2003, while the same proportion increased 2.5% (to 59.2%) for Saskatchewan residents.

- **Percentage of population (age 18 to 64 years) who are overweight or obese (3.1.1.8)**



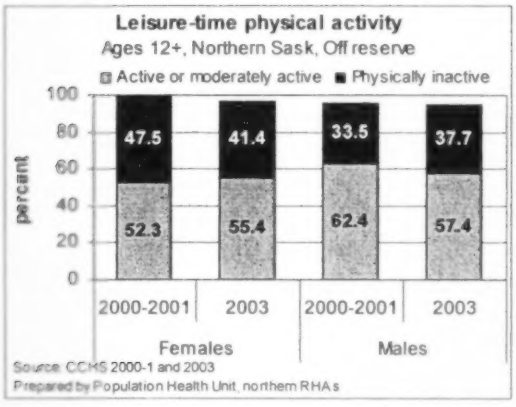
There is an increasing health risk with BMIs in the overweight and obese categories for diseases such as type-2 diabetes, high blood pressure, heart disease, some cancers, gallbladder disease, and others.

The proportion of people ages 18 to 64 who reported being overweight or obese in northern Saskatchewan (58.6%) was 2.3% higher than the proportion in all of Saskatchewan (56.3%) in 2003, though the differences were not statistically significant.



Among all ages 18 years and older, the percentage of people who were overweight or obese were similar in the north and all of Saskatchewan in 2000-1, and increased 3.4 and 2.6% respectively in 2003. The increases were solely among the proportion who were obese in the north and were divided among the obese and overweight proportions in all of Saskatchewan.

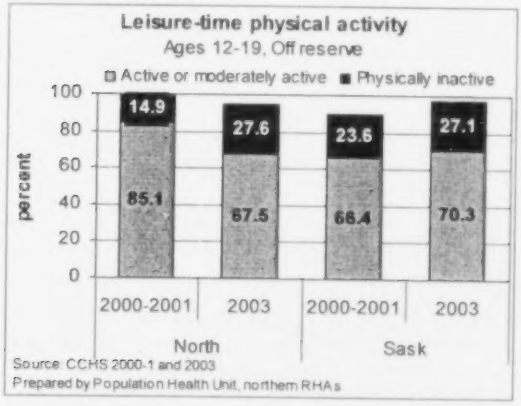
- **Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active or inactive (3.1.1.10)**



The chart on physical activity during leisure-time only shows that northern women increased their level of physical activity from 2000-1 to 2003, while the percent of northern men who were active declined, a trend also seen across Saskatchewan (but not shown).

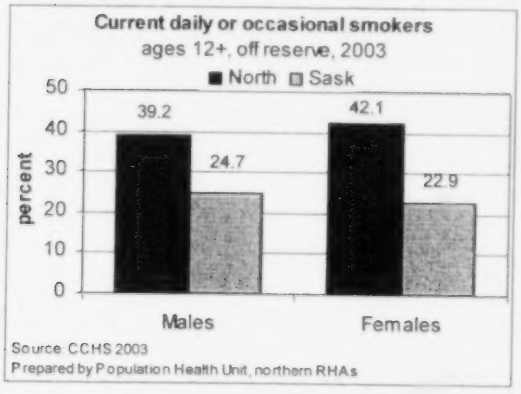
In 2003, the northern health areas had the highest percentage of people who reported

participating in moderate or active levels of physical activity during leisure and work time (56.1% compared with 49.8% for all of Saskatchewan). They also had the lowest proportion reporting inactivity (41.0% compared with 47.8% for Saskatchewan). Information for this indicator was not collected for 2000-1.



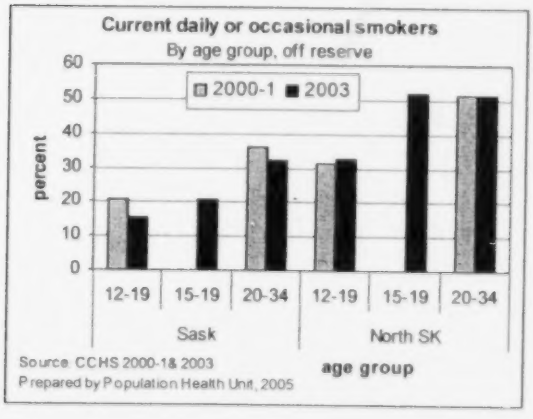
The Canada Community Health Survey also found that the level of physical activity during leisure time declined among northern youth ages 12-19 but increased among Saskatchewan youth from 2000-1 to 2003.

- **Percentage of population (age 12 years and over) who are current, daily or occasional smokers(3.1.1.7)**



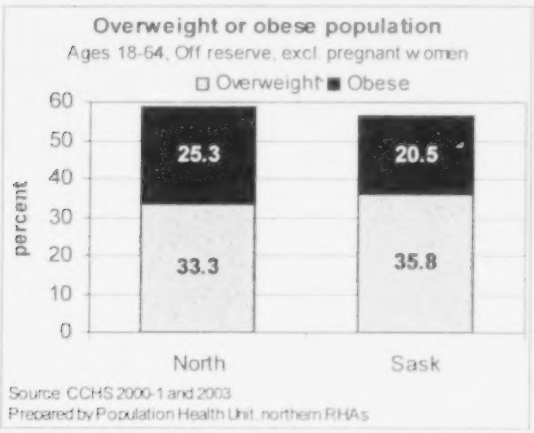
Smoking is estimated to be responsible for at least one-quarter of all adult deaths. Smoking has an impact on a variety of cancers (especially lung cancer), heart disease and stroke, chronic lung disease, SIDS, and diabetes.

In 2003, northern males (39.2%) reported being smokers more often than Saskatchewan males (24.7%). Northern females (42.1%) reported being smokers more than the Saskatchewan females (22.9%) and more than the northern males.



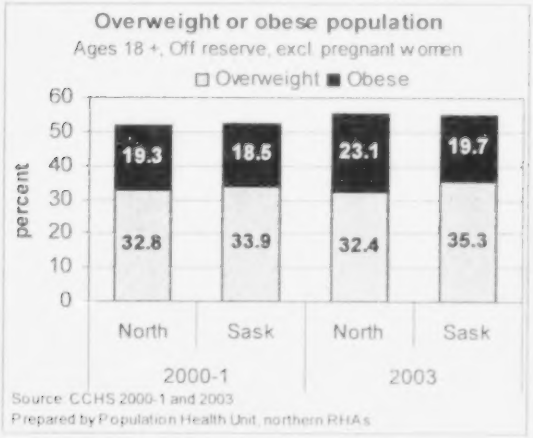
Among Saskatchewan youth aged 12-19 years, the percentage who were daily or occasional smokers dropped from 20.5 to 15.2%, with more girls (16.9%) than boys (13.6%) reporting smoking. Smoking rates among northern girls also dropped, from 41 to 36.5% between 2000-1 and 2003, though the overall rate in 12 to 19 year old youth rose slightly.

- **Percentage of population (age 18 to 64 years) who are overweight or obese (3.1.1.8)**



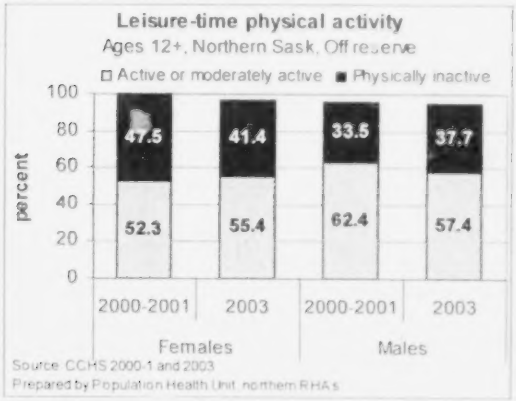
There is an increasing health risk with BMIs in the overweight and obese categories for diseases such as type-2 diabetes, high blood pressure, heart disease, some cancers, gallbladder disease, and others.

The proportion of people ages 18 to 64 who reported being overweight or obese in northern Saskatchewan (58.6%) was 2.3% higher than the proportion in all of Saskatchewan (56.3%) in 2003, though the differences were not statistically significant.



Among all ages 18 years and older, the percentage of people who were overweight or obese were similar in the north and all of Saskatchewan in 2000-1, and increased 3.4 and 2.6% respectively in 2003. The increases were solely among the proportion who were obese in the north and were divided among the obese and overweight proportions in all of Saskatchewan.

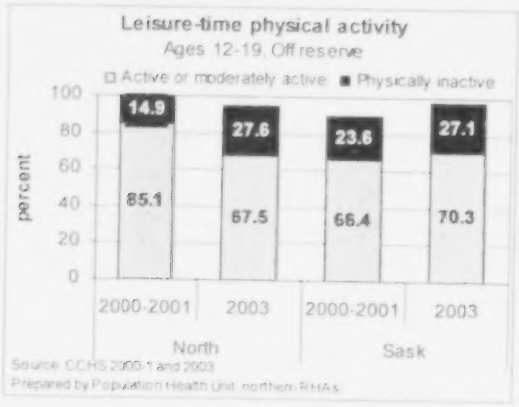
- **Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active or inactive (3.1.1.10)**



The chart on physical activity during leisure-time only shows that northern women increased their level of physical activity from 2000-1 to 2003, while the percent of northern men who were active declined, a trend also seen across Saskatchewan (but not shown).

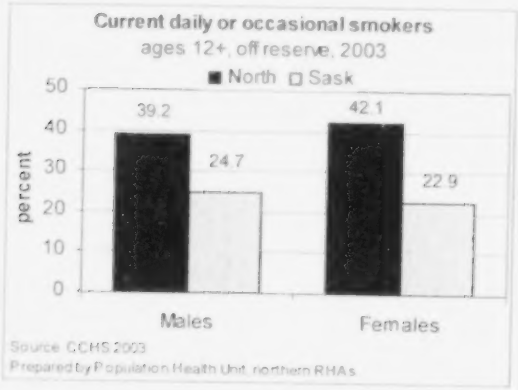
In 2003, the northern health areas had the highest percentage of people who reported

participating in moderate or active levels of physical activity during leisure and work time (56.1% compared with 49.8% for all of Saskatchewan). They also had the lowest proportion reporting inactivity (41.0% compared with 47.8% for Saskatchewan). Information for this indicator was not collected for 2000-1.



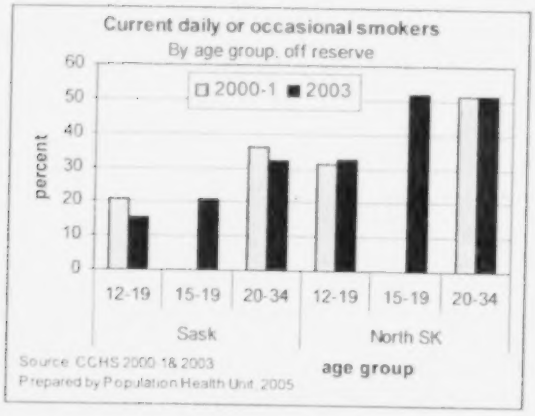
The Canada Community Health Survey also found that the level of physical activity during leisure time declined among northern youth ages 12-19 but increased among Saskatchewan youth from 2000-1 to 2003.

- **Percentage of population (age 12 years and over) who are current, daily or occasional smokers(3.1.1.7)**



Smoking is estimated to be responsible for at least one-quarter of all adult deaths. Smoking has an impact on a variety of cancers (especially lung cancer), heart disease and stroke, chronic lung disease, SIDS, and diabetes.

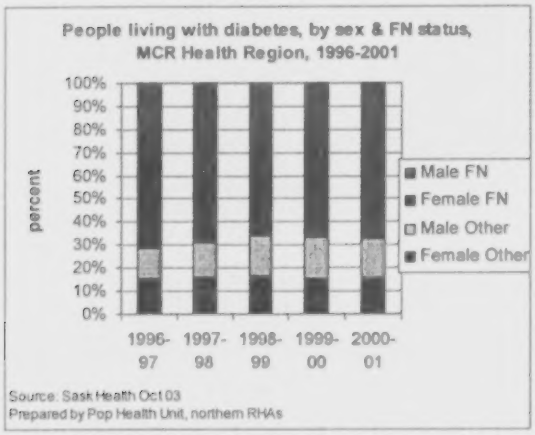
In 2003, northern males (39.2%) reported being smokers more often than Saskatchewan males (24.7%). Northern females (42.1%) reported being smokers more than the Saskatchewan females (22.9%) and more than the northern males.



Among Saskatchewan youth aged 12-19 years, the percentage who were daily or occasional smokers dropped from 20.5 to 15.2%, with more girls (16.9%) than boys (13.6%) reporting smoking. Smoking rates among northern girls also dropped, from 41 to 36.5% between 2000-1 and 2003, though the overall rate in 12 to 19 year old youth rose slightly.

In 2003, 51.7 percent of northern youth aged 15 to 19 were daily or occasional smokers, a rate 2.5 times higher than for youth across the province. For 2000-1, this percentage was too unreliable to be reported.

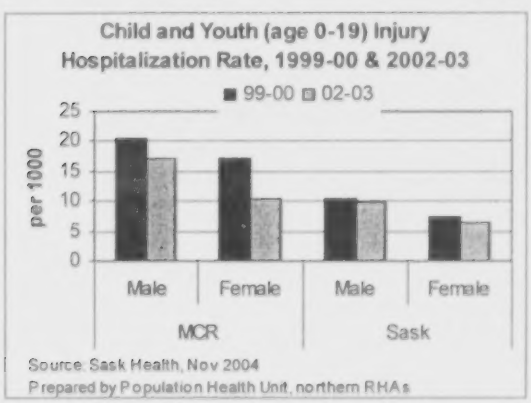
- **Age-adjusted diabetes prevalence rate per 1,000 population (3.1.1.12)**



The age-sex adjusted prevalence rate of diabetes in Mamawetan Churchill River Health Region was 72.9 cases per 1000 people 2000-1 and 72.5/1000 in 2001-2, the highest RHA rate in Saskatchewan in both years. The corresponding rates in Saskatchewan were 40.2 and 40.0/1000.

Within MCRHR, the number of people identified with diabetes increased from 530 in 1996 to 880 in 2001. The percentage that was not First Nations increased from 28.7% to 32.4%, as shown in the graph on the left. The proportion of male diabetics increased 4.1% over the five-year period (3.4% among First Nations and 4.2% among non-First Nations). The number of diabetics in 2001-2 was not available for this report.

- **Child and youth injury hospitalization rate per 1,000 population (age 0 to 19 years) (3.1.1.13)**



The 2002-3 child and youth injury hospitalization rate was 1.7 times higher in MCRHR males (17.1/1000) than in Saskatchewan males (9.3/1000) and 1.6 times higher in MCRHR females (10.5/1000) compared to Saskatchewan females (6.5/1000).

The child and youth injury hospitalization rate for both sexes combined declined from 1999-00 to 2002-03 by 26.4% in MCRHR and 7.3% in all of Saskatchewan. The child and youth hospitalization rate for all causes declined in the same period by 20.5% in MCRHR and 10.0% in all of Saskatchewan. Female children and youth had a greater decline in injury hospitalization rates in both MCRHR and Saskatchewan. The declining hospitalization rate may be due in part to declining rates of severe child and youth injury, but may also be affected by the trend in lower hospitalization rates for all causes.

Major Initiatives/Accomplishments:

Goal #1 – Improved access to quality health services

- Successfully staffed physician clinics for Sandy Bay, Pelican Narrows, Deschambault Lake and La Ronge.
- Receipt of telehealth equipment for Sandy Bay, to be implemented in 2005-2006.
- Prenatal classes were delivered by Intersectoral committee via telehealth.
- Purchased new stretchers and 12 lead ECGs for Pinehouse and Sandy Bay.
- Improved the Sexual Wellness Program across the north in partnership with Northern Lights School Division through the Primary Health Care Program.
- Establishment of regular physiotherapy services with contracted physiotherapist and a staff physiotherapy assistant and podiatry services.
- Establishment of special needs housing working group who have garnered federal funding for a feasibility study.
- Improved capital equipment and renovations on Acute Care and Longterm Care which addresses patient and staff safety and comfort.
- Expanding role of LPNs in other areas including home care, Kids First and breastfeeding support.
- An addictions worker provides services to La Ronge and Air Ronge schools, this includes elementary and high schools.

Goal #2 – Effective health promotion and disease prevention

- Reviewed, revised and updated all regional infection control policies.
- Successful implementation of a needle exchange program in La Ronge.
- Incorporated Sexual Wellness program into Primary Care with ongoing funding from Saskatchewan Health.
- Health promotion plan completion.
- Significant progress on pandemic influenza planning.
- Total review and evaluation Environmental Health program capacity given the health hazard regulations, water quality guidelines, provincial laboratory accreditation and public health inspection staff shortage
- Assisting with implementation three new vaccine programs including development of guidelines and orientation to public health staff
- Continued support to the three northern health authorities for the development of regional specific Influenza Pandemic & Major Communicable Disease Operational Plans
- Assisting with three infection control committees – one from each health authority
- Ongoing support to Antimicrobial Resistance Research Project (including Community-Acquired MRSA) in two specific project sites in northern Saskatchewan
- Implementation of West Nile Virus mosquito, bird and human health surveillance and education program in northern SK
- Updated Hantavirus educational material for dissemination
- Completion of Moose Study on heavy metals, essential elements and radionuclides to determine risk assessment of this country food to residents in the far north

- Completed implementation of iPHIS (Public Health Information System). All communicable disease cases and sexually transmitted incidents now being reported in a consistent manner across northern SK
- Ongoing work and support to HIV/ AIDS community research project
- Chairing and supporting Minister's Advisory Committee on the Health Cumulative Effects Scientific Committee
- Continued progression of work on the Provincial Health Promotion Strategy, named the Northern Healthy Communities Partnership including the development of an overall plan; establishment of a core group and several working groups; pooling of resources for work on a north-wide basis and significant partnership expansion of the Northern Diabetes Prevention Coalition
- Assisted with the planning, coordination and delivery of the Northern Health Conference
- Ongoing support and assistance to the Northern Physical Activity Week
- Completed the distribution and training for the Basic Shelf / Nutrition kits for 5 communities in the north to help with menu planning, food preparation and public health education as part of the Infant Mortality Risk Reduction Initiative
- Developed the Fluoride Varnish 'train the trainer' manual to assist in health promotion
- Development of Dental Interactive health promotion kits for dental teams, public health staff and partner groups such as Kids First North
- Development Diabetes Prevention Resource Kits and provided workshops on how to use the kits to regional staff
- Assisted with the planning and organization of the second Community Vitality Youth Forum
- Continued efforts on tobacco control education and encouraged compliance when necessary
- Completed 8 Environmental Research Assessments during the past fiscal year – these included both uranium and non-uranium documents

Goal #3 – Retain, recruit and train health providers

- Education and implementation of respectful workplace policy.
- Several workplace wellness initiatives were started and/or completed in 2004-05 and include the Step It Up program, fitness assessments for all staff, conflict resolution workshops and the SRNA Quality Workplace Program.
- Garnered funding from Kids First North for several positions.
- Received funding for enhancing the Employee and Family Assistance Program across the region.
- Collaborated on northwide nursing / primary care policy development with Primary Care Directors from Keewatin Yatthe and Athabasca Health Authority.
- Hired new community manager for Sandy Bay.
- Achieved stable and full complement of nurse staffing for Pinehouse and Sandy Bay.
- Received funding to purchase a software system for performance management, to be implemented in 2005/06.

- Completed HIPA education and awareness sessions to all available staff in all regional sites.
- Successfully relocated to La Ronge the Provincial Network Operations Manager position for Telehealth Saskatchewan.
- Since the Aboriginal Employee Development Program was started in 1999 there have been 79 Aboriginal employees hired in MCR. 126 of the staff have received Aboriginal Awareness Training and 75 Aboriginal students have received on-site training within the region. AEDP Coordinator is enrolled in Train the Trainer course and is expected to complete in 2005/06.

Goal #4 – A sustainable, efficient, accountable and quality health system

- Completed preparation of self-assessment for accreditation survey in June 2005.
- Development and implementation of risk management policies including Disclosure of Adverse Events and Critical Incident Reporting and Root Cause Analysis.
- Completion of strategic planning in January 2005 with Board and managers, rollout to staff starting in June 2005.
- Formation of 3 Community Advisory Networks in La Ronge, Creighton and Pinehouse. Orientation sessions will begin in August 2005.
- Appointment of a new board for the Sandy Bay Outpatient Centre, effective April 1, 2005.
- Completion of 2 employee surveys: Long Service Recognition Survey and Employee Satisfaction Survey.
- Met auditor's requirements for an Information Technology Disaster Recovery Plan.
- Region's Primary, Acute and Continuing Care has been restructured to strengthen resources and expertise in delivering the organization's goals and agendas. These services now function under two senior managers.
- Actively participate in the provincial patient satisfaction survey through the Health Quality Council.
- 2004-2005 audit report identified MCRRHA financial statements being free of material errors and all transactions have been properly recorded in the accounting records (complexity of numerous targeted funding streams requires accurate tracking of expenditures to the appropriate funds to ensure correct financial reporting).
- Participating in the Northern Health Strategy on all Technical Advisory Committees
- Coordinated three Capacity Building Workshops for Second Level Champions to support community development work. Received the Green Ribbon Award for innovativeness
- Coordinated Infant Mortality Risk Reduction workshops for health care staff and partner agencies on several topics such as Growth and Development, Infant Risk Assessment, etc Completed Infant Mortality Risk Reduction community profiles project with Saskatchewan Institute for Prevention of Handicaps and Kids First North
- Assisted with development of a dentist RFP to serve across all jurisdictions in northern Saskatchewan under the auspices of the Northern Health Strategy
- Forest Fire emergency preparedness planning in coordination with provincial, northern municipal and First Nations community service departments and how to deal with smoke in northern communities

- Implemented water test result study to determine ability of northern locations to submit water samples within a prescribed time frame. Study is a result of the provincial laboratory accreditation guidelines
- Continued work on environmental health jurisdictional issues including legal and enforcement work for the Athabasca Health Authority and shared services between of and off reserve areas
- A thorough internal and external evaluation involving Dr. David Butler-Jones, the new Co-Management Partnership Agreement was prepared, approved by the boards and signed in November 2004.

Progress and Results:

Organizational Effectiveness:

Each year, MCR and Saskatchewan Health enter into an Accountability agreement that sets out the key health system expectations and measures for the RHA for the operating year. The Accountability Document, as it is known, reflects the Region's and the Department's mutual understanding of planned service delivery and expenditures for each of the RHA's program areas.

The following is a report on MCR's progress and results in achieving those expectations. A series of standard indicators has been developed provincially to provide concrete measures that are comparable for Regions across the provincial health system. A complete listing of all these indicators is highlighted in the Performance Management Summary section of this report.

MCR's ability to achieve each of its expectations is influenced by a number of key drivers. They are health human resources, finances and geography.

Recruitment and retention of staff and the continued community expectation for equitable services will dictate the pace and process of change.

Governance and Management:
Each year, MCR develops and implements its annual operating plan including multi-year financial, human resource, capital, information management, primary health and population health strategy components. The plans are consistent with the goals and objectives of Saskatchewan's health system strategic plan, in accordance with Saskatchewan Health's timeframes and reporting requirements.

For 2004-05, MCR maintained all existing services and submitted a status quo budget for 2005-06.

Intersectorally, MCR has worked towards strengthening its services and programs by collaborating with the Northern Health Strategy, KidsFirst North, The Northern Human Services Partnership (Regional Intersectoral Committee), SchoolPlus and In Motion initiatives.

MCR monitors and reports on the financial status and performance of its health care organizations (HCOs) and contract service providers. Region officials have met with our HCOs over the past year to discuss contracts and accountability. MCR employees have been assigned to liaise directly with all HCOs and contract service providers.

Quality:
Accreditation (2.1.1.1):
MCR completed their first ever accreditation process in June 2002. We were granted accreditation with report. The report required information on progress of the regional

emergency disaster plan, performance evaluation processes and the evolution of a continuous quality improvement program. The response was provided in November, 2003.

The region will be proceeding with its second survey in June 2005. The accreditation teams have remained the same and include: Leadership & Partnership, Human Resources, Physical Environment, Information Management, Health Intervention and Treatment, Community Health Services and Continuing Care. The teams have worked diligently on their self-assessments and projects and are anxiously awaiting the survey and results.

Quality Care (2.1.1.2 & 2.1.1.4):
In 2003-04 there were 15 concerns raised with the Quality Care Coordinator. These concerns ranged from medical transportation to service delivery. The majority of the concerns were with respect to care delivery and deportment issues. These concerns are originating in the pre-hospital emergency area with 71% of the concerns being concluded within 30 days. Issues around client contact and availability of staff for investigations lead to concerns being resolved outside the 30 day time period.

Critical Incident Reporting:
There were no critical incidents to report for the 2004-05 fiscal year.

Human Resources (2.1.1.8):
Managers have received training through the SAHO Employee Relations Course and a Centre for Labour Management Development Audio Conference entitled "Handling Absenteeism in the Unionized Workplace".

Mamawetan Churchill River Health Region has not fully implemented their Attendance Support Policy. The policy was adopted February 14, 2005 after several months of discussion with the unions. The Benefits/Disability Management Coordinator will be assisting managers in implementing the Attendance Support Program. An information rollout to managers will take place in June 2005. Employee education throughout the region will take place after this date. The statistics shown in this year's annual report therefore indicate absenteeism levels that have not yet been addressed through the Attendance Support Program. In the groups where the region exceeds the provincial comparison, we are in the process of investigating the causes and exploring solutions.

Overtime in SGEU and SUN are driven by staff shortages due to the difficulty to recruit fulltime and casual nursing staff in the acute care and the health centres.

With the development of the Benefits/Disability Coordinator position, there will be better coordination/management of return to work programs, which hopefully will help decrease the number of lost-time WCB days. It is expected that workplace injuries will be reduced, by having all staff trained in applicable OH&S safety programs.

Financial:
2004-2005 was a successful year financially for the Region as it posted a surplus of $206,334 on expenditures of $14,793,322 while maintaining a high level of quality care to its clients. The surplus improved the Region's working capital position resulting in additional resources to pay for the Region's monthly obligations.

Revenues for the fiscal year were $14,999,656. Saskatchewan Health accounts for approximately 93% of our revenue base. Revenue from Saskatchewan Health increased over our original budget by $352,778 due to an additional funding for ambulance services and the provision of physician services for Deschambault Lake, Pelican Narrows and Sandy Bay.

Expenditures for the fiscal year were $14,793,322. Grants for ambulance services were over budget by $236,895 due to collective wage agreement increases.

There was a considerable variance in interest/bad debt expense due to establishing unexpected allowances for doubtful accounts, the most significant being $73,653 relating to a dental program.

Laboratory supplies were over budget by $16,589 due to an increase usage/cost of chemicals and re-agents.

Medical remuneration and benefits were over budget by $197,358 due to physician services in Deschambault Lake, Pelican Narrows and Sandy Bay. In prior years the Nor-Man Regional Health Authority provided those services. In July of this year our Region assumed this responsibility along with the corresponding financial assistance from Saskatchewan Health.

Rent/Lease Purchases were over budget by $71,719 due to an increase in spending for renovations on staff housing units in Sandy Bay and Pinehouse.

Travel was under budget by $140,010 due to lower than expected amount of staff medical travel trips to Prince Albert or Saskatoon and general staff travel (air charters, scheduled air flights and vehicle travel).

Information Management:
A multiyear Information Technology Plan has been developed in conjunction with the provincial Information Technology Plan and as required for the operational plan. As well, an Information Management Plan has been developed based upon the accreditation team recommendations. The Information Technology Plan is congruent with the Information Management Plan and emphasizes the issue of maintaining the information technology infrastructure as a current and continuous challenge.

The Region also continues to use provincially mandated health information systems including the Saskatchewan Immunization Management System, the Public Health

Information System, Mental Health Information System, and MDS/RUGS assessment system for long-term care, and others.

MCR's strategic direction includes building towards a Region-wide electronic health record system by adding components of the Saskatchewan Health Information Network (SHIN) software systems. In 2004-05 the Home Care system was implemented in La Ronge and the implementation process for the client registration system for La Ronge was begun. Live date for this system was May 2, 2005.

Monitoring the quality, security, accuracy and integrity of all regional information is an ongoing focus. This was identified in the 2003-04 auditor's report and continues to be a focus for improvement in the region.

Communications and Issues Management:
MCR maintains a strong commitment to communication with all stakeholders including staff, physicians, clients, public and partners. Effective communication takes planning and coordination with the many players and audiences involved.

Communication activities involved sending media releases relating to the budget, Sandy Bay Outpatient Centre board, federal dollars (done in conjunction with the Department), and various health promotion activities.

MCR continued to work closely with Saskatchewan Health to deal appropriately with local issues and to ensure that provincial issues remained in the realm of the Department and the Minister.

MCR struggles to gain a solid and consistent media presence throughout the entire region. Media outlets are limited and respecting cultural diversity remains a priority. MCR produces *RHA Notes* which are distributed to the media partners, staff and through our monthly newsletter. Notices for public meetings of the board are published in the weekly newspaper in La Ronge and broadcast on the local radio station.

MCR has benefited from the shared expertise of the RHAs, the Department of Health and SAHO in their collaboration for communication issues.

Capital:
There were no major capital projects initiated in 2004-05 and none planned for 2005/06, however we did utilize federal dollars to address some minor program space pressures, compliance with fire regulations and occupational health and safety issues.

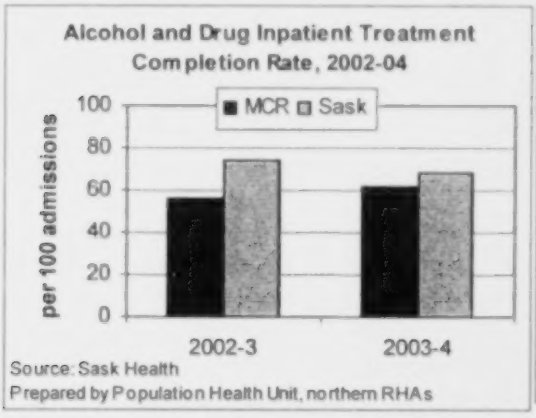
Reporting:
MCR regularly reports to Saskatchewan Health and all stakeholders regarding the Region's activities and operations. An annual report is prepared and submitted as required by Legislation.. The report is then shared with staff, physicians and public.

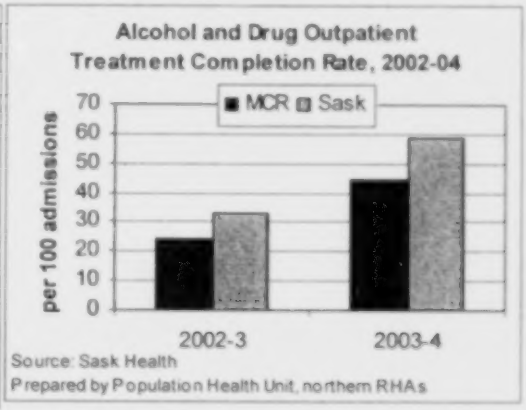
Operational plans are prepared and submitted as required, on time and in appropriate formats. The Region also prepares a comprehensive Health Indicators Report that is published every 5 years and it is updated annually.

Program-Specific Expectations:

Community Care Indicators:

- Alcohol and drug inpatient treatment completion rate per 100 admissions (2.2.11.3)
- Alcohol and drug outpatient treatment completion rate per 100 admissions (2.2.7.2)





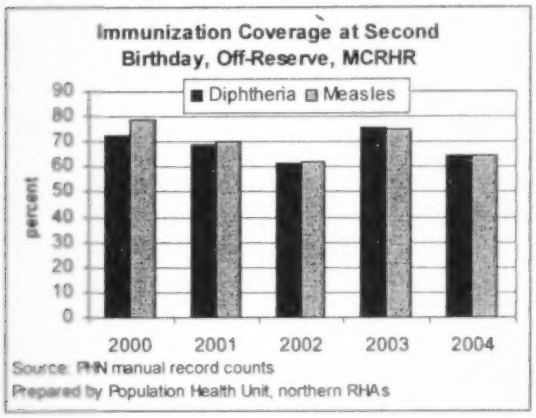
Completion rates in alcohol and drug treatment programs are affected by the ability of the program to meet the clients' needs, as well as client readiness, family and social support, the waiting time to get into treatment and other factors. The completion rates in both inpatient and outpatient treatment programs increased in MCRHR from 2002-3 to 2003-4, but were about 6% and 14% lower than the completion rates in all of Saskatchewan in 2003-4.

The alcohol and drug outpatient treatment completion rate per 100 admissions in 2003-04 was 44.6 as compared to the provincial average of 58.4. As well, the alcohol and drug inpatient treatment completion rate per 100 admissions in 2003-04 was 62.3%. These figures are low due to the many socioeconomic factors facing our clients and constituents in the north, such as lack of housing, poverty, unemployment, low literacy, etc.

MCR uses outside inpatient addictions treatment centres minimally. In the past year, patients have been referred to Calder Centre, MACSI (PA), Lloydminster and New Dawn (Fort Qu'Appelle). MCR recognizes the substantial need for child and youth inpatient addictions treatment and detox centres. It is anticipated this need will escalate with the emergence of crystal meth and the rising popularity of marijuana and cocaine.

Population Health Indicators

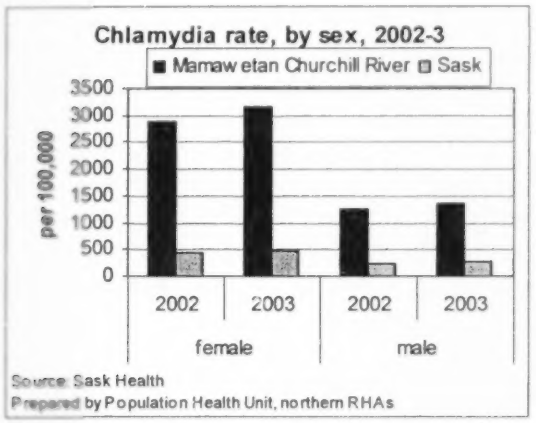
- **Percent of eligible population receiving diphtheria and measles immunization at second birthday (2.2.6.1)**



Based on the number of records entered in the Saskatchewan Immunization Management System (SIMS), 57.3% of children living off reserve in MCRHR had received diphtheria and measles vaccines by their second birthday, compared to 73.1% for diphtheria and 71.7% for measles vaccines received by all Saskatchewan children at their second birthday during 2004.

Based on public health nurse annual reviews of immunization records (182 in six communities), the coverage rates were about 7% higher (64.3% for diphtheria and 64.8% for measles) than the SIMS figures. There was a wide range among the different communities in the coverage rates. MCRHR communities with the lowest immunization coverage rates also have more transient populations and PHN staff vacancies.

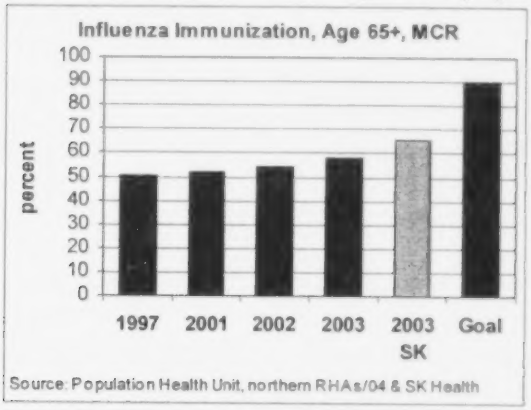
- **Chlamydia rate per 100,000 population (2.2.6.6)**



In 2003, the rate of Chlamydia in MCRHR was 6.6 times the provincial rate in females and 5.1 times the provincial rate in males. From 2002 to 2003, there was close to a 9% increase in chlamydia rates in MCR and about a 5% increase in Saskatchewan. MCRHR had the third largest number of Chlamydia cases among all Saskatchewan RHAs in 2003.

As shown in the Northern Saskatchewan 2004 Health Indicators Report, the highest age-specific Chlamydia rates are among the 15 to 19 year age group in females and the 20 to 24 year age group in males. Chlamydia rates have been increasing across the province and country and showed over a 50% increase across northern Saskatchewan between 1998 and 2003. The increase may be due to more convenient testing, with more cases being lab confirmed, as well to actual increases in disease incidence. Across Canada, from 1997-2002, Chlamydia rates increased by 60% roughly equivalent to the increase in northern Saskatchewan.

- **Influenza immunization rate per 100 population (age 65 years and over) (2.2.6.7)**



Influenza immunization coverage in the MCR health region among the elderly population has improved gradually over the past several years, in both on and off-reserve communities. However there still is a way to go to reach the national goal of 90% coverage.

A strategy to increase coverage and to prepare for a pandemic could include increasing the capacity for mass immunization campaigns by extending training to nurses outside of public health. This will be explored for the fall of 2005.

Acute & Emergency Services Indicators
The indicators chosen for Acute and Emergency Services (numbers of MRIs (2.2.1.2) and CT scans (2.2.1.3)) do not apply to MCRHR.

The incidence of pressure sores in long term care is very small and statistically insignificant. As of April 1, 2005 no residents had pressure sores however when they do occur, up to date evidence-based wound care is provided.

Challenges and Future Directions:

Goal #1 – Improved Access to Quality Health Services

- There is recognition of ever increasing needs of our population that require program reviews and/or enhancements:
  - Ensuring that adequate follow-up services are available for Addictions Prevention / Recovery Services' clients who complete programming and return to their communities.
  - There has been progress to develop an ongoing networking strategy with all agencies to improve integrated case management and information sharing for APRS, however work needs to continue.
  - Need to evaluate and continue development of youth services.
  - Lack of psychiatric services in all areas of the region.
  - Need for practical parenting programs.
  - Increasing need for Home Care Services.
  - Increased populations in communities without resulting increase in staffing
  - Increased availability & use of alcohol and street drugs
  - MHO capacity – The internal and external evaluation of the co-management agreement and population health unit identified the capacity of MHO services across the north as a key issue. A determination of an appropriate level of service needs to be conducted.

- Public Health Inspector capacity – the workload is compounded due to geography and significant number of sites.
- There is a great need for supportive living options for some of the Mental Health, FASD and Acquired Brain Injury clients.
- Lack of long term care and respite beds and resources.
- A need to complete public education of appropriate use of emergency room services at the La Ronge Health Centre.

- Through the regional Continuous Quality Improvement program 3 areas have been specifically addressed:
  - Resident falls in long term care will be monitored with increased prevention practices put into place with the goal to reduce fall and hip fractures of residents.
  - Medication usage for long term care residents will be monitored with the goal to reduce overall number of medications per person.
  - Palliative Care services in Creighton will be reviewed with the goal to provide a broader range of services for clients requiring end of life care.

Goal #2 – Effective Health Promotion and Disease Prevention

- Developing and implementing a comprehensive pandemic plan within the region.
- Continuing the financial support of Northern Healthy Communities Partnership.
- Public Health Inspection services are severely reduced due to staff recruitment and retention. This severely curtails our meeting the requirements under *The Public Health Act.*

Goal #3 – Retain, Recruit and Train Health Providers

- Human resource challenges range from recruitment issues such as shortages of various trained professionals (nurses, public health inspectors, health information professionals, etc), retention issues such as housing in Sandy Bay, implementation of full scope of practice for nursing (LPNs, RNs and Nurse Practitioners) and geographic and professional isolation. As a result of some of these challenges there is an increase in staff sick time, an increase in workload which means decreased participation on committees (OH&S, Disaster Planning, Continuous Quality Improvement, etc), and quality workplace issues relating to care delivery and staff morale. Currently MCRRHA is working with the SRNA and their Quality Workplace Program that promote staff retention (provision of housing, coverage of travel costs, etc).
- Attendance support policy implementation in 2005/06.
- Ongoing challenges with iPFE payroll system.
- A lack of suitable programming and office space in all facilities and more specifically as it relates to patient privacy and efficient flow within the La Ronge Health Centre emergency department.
- Joint Job Evaluation – ongoing reconsideration follow-up for SGEU employees.
- Garnering sufficient funds to engage in the central scheduling system offered by SAHO.
- To improve patient care, the region is looking at ways to have physician input into the senior management level of the organization.

- Northern Medical Services has agreed in principle to assist with recruiting and retaining a physician complement for the east side communities. The budget implications are unclear.
- In 2004-05 there was a decrease in the number of Aboriginal employees. This number dropped from 95 in 2003-04 to 73 in 2004-05. The reasons for this drop in numbers is unclear, however the AEDP Coordinator will be researching strategies to retain Aboriginal employees within the MCR workplaces. The Aboriginal Employee Network will be revived within MCR now that the AEDP Coordinator has returned from educational leave.

Goal #4 – A Sustainable, Efficient, Accountable and Quality Health System

- MCRRHA battles challenges related to the diseconomies of scale due to size, the geographical location that leads to higher operating costs (travel), the lack of community resources, and the special needs population.
- Balancing the need to attend provincial meetings with the need to "stay at home". The benefits of networking and planning at a provincial level are important, however meetings that are located outside the region require a significant commitment in time and resources.
- In order to build capacity within the organization succession planning must be completed.
- Collection of various care delivery fees.
- In conjunction with the Board develop a consistent monthly reporting format which reports on indicators and financial performance.
- New regulation standards and guidelines, increasing expectations and unexpected occurrences (i.e.: SARS, West Nile Virus, Tobacco Control) contribute to the changing landscape of service delivery and the ability to demonstrate due diligence. Challenges such as these dictate the need for continual assessment and the assigning of resources as best as possible.
- The capacity of the MHO is significantly challenged when trying to keep abreast of the regular public health demands and additional challenges of uranium monitoring, environmental impact statements, communicable disease issues, northern specific research needs and the demand to meet and plan with three health authorities.

<u>Restrictions on Resources, Ability to Meet Commitment & Financial Obligations</u>
We anticipate leveraging the Federal $ to address the issues of capital equipment in our communities. Due to our demographics the likelihood of raising capital dollars locally is diminished.

Although the region has operated with small deficits in the past the 2004-05 year resulted in a small surplus to offset the previous deficits. Otherwise the organization is financially sound.

Part of MCR's budget includes services to the AHA with the expectation of continuing same until other arrangements can be negotiated.

MCR is a shareholder along with a limited number of other RHAs, in North Saskatchewan Laundry and Support Services Ltd. of Prince Albert and is currently liable for a $100,000 loan guarantee.

Capital Construction/Renovations

Access to LTC beds in Creighton is an issue for one segment of the population and building a LTC facility in the community either as a stand alone or in partnership with Nor-Man RHA remains a priority for this group.

MCR is presently renting space in La Ronge at an annual cost of $28,000. Building suitable program space to replace would provide a payback after 5 years and provide opportunity for economies of scale, program proximity and further expansion.

In Pinehouse, the plan is for the Kids First North (KFN) Program to co-exist with MCR programs.

In Sandy Bay, federal money will be used for staff housing to address the issues of the lack of suitable housing..

Our Major Risks and Extraordinary Items are:

- Our capacity to manage increasing population size (youth and seniors), impacting already critical short services specific to those age groups. In other words, the ability to redirect existing program dollars from areas of lesser to greater need to meet changing demands is not an option.
- Geographic challenges plus approach to shared services reflects high transportation costs for such services (or increasing number of staff positions to serve regions).
- The impact of higher than provincial average injuries and violence call for increased action in the area of mental health and suicide prevention, alcohol and drug abuse prevention and rehabilitation, injury prevention education, and emergency response capacity.
- Public health inspection will not fulfill legislated requirements.
- If health related transportation costs exceed the budget, we have nil capacity to absorb this expenditure.
- Any major market adjustment will impact upon our capacity to balance the budget.
- Increased accountability through participation in provincial committees is severely hampered by a number of factors. These factors include travel costs, time away from the office and willingness to utilize alternate technologies. For northern regions, this means our staff travel includes not only considerable cost and travel, but significant time away from the office, thereby limiting our ability to provide effective and efficient leadership.
- IT Plan involves a significant investment in capital dollars, limited capacity to raise funds locally.
- Nurse Practioner requirement by April 1, 2006, will severely impact our ability to recruit replacement staff.
- A pandemic event
- Job action

The health indicators report, strategic planning and accreditation processes will guide the region in prioritizing and realigning resources to achieve the outcomes as identified in the Community Health Action Plans and the accountability document.

Performance Management Summary:

Indicator		RHA	Provincial Comparison	Range
Organizational Effectiveness Indicators				
2.1.1.1.	CCHSA current accreditation status for RHAs	Accredited with report – June 2002	n/a	n/a
2.1.1.2.	Number of client contacts with the Regional Quality of Care Coordinator to raise a concern *2003-04*	15	n/a	n/a
2.1.1.3.	Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days *2003-04*	71%	87%	25% - 90%
2.1.1.8.	Number of sick leave hours per full time equivalent (FTE) PROVIDER UNION (SGEU) *2004-05*	82.89	94.84	74.09 – 107.86
	Number of sick leave hours per full time equivalent (FTE) HSAS *2004-05*	66.58	63.34	52.54 – 120.03
	Number of sick leave hours per full time equivalent (FTE) OOS/OTHER* *2004-05* * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	56.87	47.69	38.86 – 56.87
	Number of sick leave hours per full time equivalent (FTE) SUN *2004-05*	75.63	93.07	70.00 – 98.43
2.1.1.9.	Number of wage driven premium hours (overtime and other premiums) per full time equivalent (FTE) PROVIDER UNION (SGEU) *2004-05*	35.33	26.65	11.30 – 61.97

Indicator		RHA	Provincial Comparison	Range
	Number of wage driven premium hours (overtime and other premiums) per full time equivalent (FTE) HSAS *2004-05*	2.89	22.38	2.89 – 48.65
	Number of wage driven premium hours (overtime and other premiums) per full time equivalent (FTE) OOS/OTHER* *2004-05* * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	0.00	2.43	0.00 – 6.45
	Number of wage driven premium hours (overtime and other premiums) per full time equivalent (FTE) SUN *2004-05*	95.82	63.99	19.92 – 314.54
2.1.1.10.	Health system full time equivalents (FTEs) PROVIDER UNION (SGEU) *2004-05*	98.44	n/a	n/a
	Health system full time equivalents (FTEs) HSAS *2004-05*	23.52	n/a	n/a
	Health system full time equivalents (FTEs) OOS/OTHER* *2004-05* * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	20.46	n/a	n/a
	Health system full time equivalents (FTEs) SUN *2004-05*	29.52	n/a	n/a
2.1.1.11.	Number of lost-time WCB claims per 100 full time equivalents (FTEs) *2004-05*	4.65	6.52	4.32 – 9.67
2.1.1.12.	Number of lost-time WCB days per 100 full time equivalents (FTEs) *2004-05*	440.10	345.86	152.43 – 492.92

Indicator		RHA	Provincial Comparison	Range
2.1.1.17.	Worked hours as a percentage of paid hours PROVIDER UNION (SGEU) *2004-05*	78.7%	79.8%	78.5% - 81.5%
	Worked hours as a percentage of paid hours HSAS *2004-05*	79.7%	82.0%	79.7% - 83.5%
	Worked hours as a percentage of paid hours OOS/OTHER* *2004-05* * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	79.4%	81.1%	69.5% - 83.7%
	Worked hours as a percentage of paid hours SUN *2004-05*	77.3%	79.1%	77.3% - 85.4%
2.1.1.18.a	Working capital ratio *2004-05*	1.02	n/a	.45 – 1.69
2.1.1.18.b	Number of days able to operate with working capital *2004-05*	-8.18	n/a	(68.06) – 28.83
2.1.1.19.	Surplus/deficit as a percentage of actual expenditure *2004-05*	1.4%	n/a	(1.5%) – 1.4%
2.1.1.21.	Budget versus actual expenditures ACUTE CARE funding pool *2004-05*	+58,518	n/a	n/a
	Budget versus actual expenditures SUPPORTIVE CARE funding pool *2004-05*	-13,174	n/a	n/a
	Budget versus actual expenditures COMMUNITY BASED CARE funding pool *2004-05*	-313,542	n/a	n/a
	Budget versus actual expenditures PROGRAM SUPPORT funding pool *2004-05*	+34,332	n/a	n/a
Program-Specific Indicators				
Province Wide Services				
2.2.1.2.	Number of exams for specialized medical imaging services: magnetic resonance imaging (MRI) scans *2004-05*	n/a	n/a	n/a

Indicator		RHA	Provincial Comparison	Range
2.2.1.3.	Number of exams for specialized medical imaging services: computed tomography (CT) scans *2004-05*	n/a	n/a	n/a
2.2.1.4.	Average wait time in days for admission to Saskatchewan Hospital North Battleford (SHNB) *2004*	n/a	59	41 – 76
2.2.1.6.	Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre Child and Youth *2003-04*	44.4%	61.6%	44.4 – 91.7%
	Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre Adults *2003-04*	50.0%	70.3%	50.0 – 95.5%
Acute Care Services				
2.2.2.3.a	Number of surgical cases *2004-05*	n/a	n/a	n/a
2.2.2.3.b	Percentage of surgical cases performed as day surgery *2004-05*	n/a	53%	48% - 66%
2.2.2.4.	Percentage of surgical cases completed within 6 months *2004-05*	n/a	81%	74% - 100%
	Percentage of surgical cases completed within 12 months *2004-05*	n/a	91%	85% - 100%
	Percentage of surgical cases completed within 18 months *2004-05*	n/a	95%	93% - 100%
Institutional Supportive Care Services				
2.2.4.5.	Prevalence of pressure sores: percentage of institutional supportive care residents with pressure sores *October 2004*	Suppressed due to small numbers	21.8%	12.7% – 29.1%

Indicator		RHA	Provincial Comparison	Range
Population Health Services				
2.2.6.1.	Percentage of eligible population receiving immunization at second birthday (vaccine coverage rate) DIPHTHERIA *2003** * NOTE: SIMS does not capture on-reserve immunizations	57.3%	73.3%	57.3% - 86.3%
	Percentage of eligible population receiving immunization at second birthday (vaccine coverage rate) MEASLES *2003** * NOTE: SIMS does not capture on-reserve immunizations	57.3%	71.7%	57.3% - 85.6%
2.2.6.6.	Genital chlamydia rate per 100,000 population MALES *2003*	1363.6	268.1	27.4 – 3,259.0
	Genital chlamydia rate per 100,000 population FEMALES *2003*	3143.4	473.4	53.8 – 5,784.4
2.2.6.7.	Influenza immunization rate per 100 population (age 65 years and over) *2003-04*	57.7%	65.8	56.8 – 72.8
2.2.6.8.	Population health promotion plan approved by RHA boards and submitted as part of health region operational plans (fall 2004) and progress report March 31, 2005 *[yes/no indicator]*	Yes	n/a	n/a
Community Care Services				
2.2.7.2.	Alcohol and drug outpatient treatment completion rate per 100 admissions *2003-04*	44.6%	58.4	43.7 – 72.6

Indicator		RHA	Provincial Comparison	Range
Primary Health Services				
2.2.9.1.	Percentage of the population served by primary health care teams *March 2005*	100%	23.89%	0.00% – 100.00%
2.2.9.3.	Total number of new primary health care teams in the current fiscal year *2004/2005*	2	n/a	n/a
2.2.9.4.	Regional Operational / Budget Plan includes an updated Primary Health Care Plan that identifies the location of primary health care teams *2004-05 [yes/no indicator]*	Yes (10/2004)	n/a	n/a
2.2.9.5.	Regional Operational / Budget Plan includes an updated Diabetes Management Plan *2004-05 [yes/no indicator]*	Yes	n/a	n/a
2.2.9.6.	Regional Operational / Budget Plan outlines potential financial requirements *2004-05 [yes/no indicator]*	Yes	n/a	n/a
2.2.9.7.	Regional Health Authorities participated in 3-year and 5-year evaluations of demonstration sites, as required *2004-05 [yes/no indicator]*	n/a – 3 yr May'04 – 5 yr	n/a	n/a
Emergency Response Services				
2.2.10.1.	Percentage of ambulance calls responded to where at least one of the emergency medical service providers has at least basic-EMT level training *2003-04*	100%	98.76%	70.17% – 100.00%
Mental Health and Addiction Services				
2.2.11.2.	Mental health inpatient readmission rate per 100 mental health inpatient separations *2003-04*	n/a	20.2%	17.9% - 26.3%

Indicator		RHA	Provincial Comparison	Range
2.2.11.3.	Alcohol and drug inpatient treatment completion rate per 100 admissions *2003-04*	62.3%	68.2%	62.3% - 79.4%
	Program Support Services			
2.2.13.1.	Administrative expenditures in program support funding pool as a percentage of overall base operating funds *2004-05*	10.4%	n/a	3.6% - 11.5%
	Health Status and Outcome Indicators			
3.1.1.1.	Infant mortality rate per 1,000 live births *1998-2002*	15.66	6.24	1.70 - 15.66
3.1.1.2.a	Low birth weight rate per 100 live births *1998-2002*	6.19%	5.26	4.34 – 6.19
3.1.1.2.b	High birth weight rate per 100 live births *1998-2002*	21.0%	15.7	13.1 – 26.7
3.1.1.4.a	Disability-free life expectancy (at birth) MALES *1996*	61.8 years *	66.6	61.8 - 69.2
	Disability-free life expectancy (at birth) FEMALES *1996*	63.2 years *	70.0	63.2 – 72.5
3.1.1.4.b	Disability-free life expectancy (at age 65 years) MALES *1996*	8.7 years *	11.2	8.7 – 12.1
	Disability-free life expectancy (at age 65 years) FEMALES *1996*	8.4 years*	12.7	8.4 – 13.2
3.1.1.5.a	Life expectancy (at birth) MALES *2001*	72.1 years*	76.2	72.1 – 78.2
	Life expectancy (at birth) FEMALES *2001*	76.1 years*	81.8	76.1 – 82.8
3.1.1.5.b	Life expectancy (at age 65 years) MALES *2001*	15.6 years*	16.9	15.6 – 18.0
	Life expectancy (at age 65 years) FEMALES *2001*	17.2 years*	20.9	17.2 – 21.8

Indicator		RHA	Provincial Comparison	Range
3.1.1.6.	Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent *2003*	51.2% *	59.5%	47.6% – 63.7%
3.1.1.7.	Percentage of population (age 12 years and over) who are current, daily or occasional smokers MALES *2003*	40.7% *	24.6%	20.8% – 40.7%
	Percentage of population (age 12 years and over) who are current, daily or occasional smokers FEMALES *2003*	42.0% *	23.1%	11.6% – 42.0%
3.1.1.8.a	Percentage of population (age 18 to 64 years) who are overweight (BMI 25.0 – 29.9) *2003*	33.3% *	35.8%	31.7% – 41.8%
3.1.1.8.b	Percentage of population (age 18 to 64 years) who are obese (BMI 30.0+) *2003*	25.3% *	20.5%	16.4% – 27.2%
3.1.1.10.a	Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active *2003*	56.1% *	49.8%	41.7% – 56.1%
3.1.1.10.b	Percentage of population (age 12 years and over) who report physical activity participation levels of inactive *2003*	41.0% *	47.8%	41.0% – 56.4%
3.1.1.12.	Age-adjusted diabetes prevalence rate per 1,000 population *2001-02*	72.5	n/a	29.5 – 72.5
3.1.1.13.	Injury hospitalization rate per 1,000 population (age 0 to 19 years) MALES *2002-03*	17.1	9.3	6.7 – 17.6
	Injury hospitalization rate per 1,000 population (age 0 to 19 years) FEMALES *2002-03*	10.5	6.5	4.6 – 12.0

Indicator		RHA	Provincial Comparison	Range
3.1.1.14.	Hospitalization rate due to falls per 1,000 population (age 65 years and over) MALES *2002-03*	8.4	13.4	3.6 – 20.2
	Hospitalization rate due to falls per 1,000 population (age 65 years and over) FEMALES *2002-03*	24.9	25.1	0.0 – 35.0

* indicates a rate for northern regions and not Mamawetan Churchill River Health Region alone.

Mamawetan Churchill River Health Region
"To preserve, promote and enhance the quality of life through leadership and working together in wellness."

Box 6000
La Ronge, Sk. S0J 1L0
Phone : (306) 425-2422
Fax : (306) 425-5432

April 29, 2005

Mamawetan Churchill River Health Region
Management Report

The accompanying financial statements are the responsibility of management and are approved by the Mamawetan Churchill River Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of ne..essity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and that financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Finance/Audit Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Lionel Chabot
Chief Executive Officer

Ken Kowalczyk
Chief Financial Officer

Financial Summaries:

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH

AUTHORITY

FINANCIAL STATEMENTS

FOR THE YEAR ENDED MARCH 31, 2005

Deloitte

Deloitte & Touche LLP
5 - 77 15th Street East
Prince Albert, SK S6V 1E
Canada

Tel: (306) 763-7411
Fax: (306) 763-0191
www.deloitte.ca

AUDITORS' REPORT

**TO THE BOARD OF DIRECTORS OF THE
MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY**

We have audited the statement of financial position of the Mamawetan Churchill River Regional Health Authority as at March 31, 2005 and the statements of operations and changes in fund balances and of cash flows for the year then ended. These financial statements are the responsibility of management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2005 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Deloitte & Touche LLP

Chartered Accountants

April 29, 2005

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2005

	Restricted Funds				
	Operating Fund	Capital Fund	Community Trust Fund	Total 2005	Total 2004 (Note 11)
ASSETS					
Current assets					
Cash and short-term investments (Statement 3 and Schedule 2)	$ 1,664,816	$ 267,420	$ 14,879	$ 1,947,115	$ 481,008
Accounts receivable					
Saskatchewan Health - General Revenue Fund	7,000	-	-	7,000	150,794
Other	1,254,115	148,209	-	1,402,324	399,323
Inventory	131,584	-	-	131,584	118,203
Prepaid expenses	85,242	-	-	85,242	98,572
	3,142,757	415,629	14,879	3,573,265	1,247,900
Capital assets (Note 2d and 3)	-	10,841,971	-	10,841,971	11,255,772
Total Assets	$ 3,142,757	$ 11,257,600	$ 14,879	$ 14,415,236	$ 12,503,672
LIABILITIES & FUND BALANCE					
Current liabilities					
Accounts payable	$ 1,086,052	$ 18,112	$ -	$ 1,104,164	$ 242,345
Accrued salaries	381,472	-	-	381,472	454,397
Vacation payable	520,812	-	-	520,812	527,966
Deferred revenue (Note 5)	1,486,085	18,000	-	1,504,085	381,209
Total Liabilities	3,474,421	36,112	-	3,510,533	1,605,917
Fund Balances:					
Invested in capital assets	-	10,841,971	-	10,841,971	11,255,772
Externally restricted (Note 2 b[ii]; Note 2 b[iii] and Schedule 3)	-	356,066	14,879	370,945	157,745
Internally restricted (Schedule 4)	-	23,451	-	23,451	22,236
Unrestricted	(331,664)	-	-	(331,664)	(537,998)
Fund balances – (Statement 2)	(331,664)	11,221,488	14,879	10,904,703	10,897,755
Total Liabilities & Fund Balances	$ 3,142,757	$ 11,257,600	$ 14,879	$ 14,415,236	$ 12,503,672

(See accompanying notes to the financial statements)

APPROVED BY THE BOARD:

Louise Wiens **Board Member**

Board Member

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31, 2005

	Operating Fund			Restricted			
	Budget 2005 (Note 13)	2005	2004 (Note 13)	Capital Fund 2005	Community Trust Fund 2005	Total 2005	Total 2004 (Note 13)
REVENUES							
Saskatchewan Health - Revenue (Note 7)	$ 13,555,123	$ 13,907,901	$ 12,953,710	$ 127,000	$ -	$ 127,000	$ 200,000
Other Provincial Revenue	18,895	42,507	129,758	2,428	-	2,428	-
Federal Government Revenue	3,300	679	3,300	-	-	-	-
Funding from other Provinces	-	-	-	-	-	-	-
Special Funded Programs	195,400	165,489	207,424	-	-	-	-
Patient Fees	249,591	260,228	249,591	-	-	-	-
Out of Province Revenue (Reciprocal)	19,525	11,265	19,525	-	-	-	-
Out of Country Revenue	1,110	2,240	9,310	-	-	-	-
Donations	-	-	-	16,115	-	16,115	25,216
Investment Revenue	6,000	15,942	12,672	3,714	9	3,723	4,067
Ancillary Revenue	86,317	98,210	83,317	-	-	-	-
Recoveries	35,047	52,948	21,122	-	-	-	-
Other Revenue	373,397	418,247	449,877	7,165	995	8,160	6,752
	14,551,705	14,999,656	14,139,406	356,421	1,004	357,425	232,035
EXPENSES							
Province Wide Acute Care Services	78,051	91,510	106,212	-	-	-	-
Acute Care Services (Note 7)	4,668,828	4,587,331	4,706,869	507,079	-	507,079	518,594
Physician Compensation - Acute	43,840	53,360	132,117	-	-	-	-
Supportive Care Services	381,368	395,758	372,007	2,586	-	2,586	-
Home Based Service - Supportive Care	158,682	153,486	116,443	-	4,285	4,285	3,827
Population Health Services	2,321,338	2,071,034	2,087,064	-	-	-	-
Community Care Services	1,715,105	1,642,126	1,493,689	-	-	-	-
Home Based Services - Acute & Palliative	667,164	717,291	685,292	-	-	-	-
Primary Health Care Services	1,870,897	1,991,670	2,080,032	-	-	-	-
Emergency Response Services - RHA	460,974	688,931	452,580	-	-	-	-
Mental Health Services	-	-	-	41,861	-	41,861	28,175
Addictions Services - Residential	233,880	244,973	248,536	-	-	-	-
Physician Compensation - Community	130,344	357,219	17,012	1,000	-	1,000	16,905
Program Support Services	1,595,007	1,560,675	1,527,654	-	-	-	-
Special Funded Programs	209,917	222,106	171,604	-	-	-	-
Ancillary	11,139	11,872	10,625	-	-	-	-
Total Expenses (Schedule 1)	14,546,534	14,793,322	14,207,736	552,526	4,285	556,811	567,299
Excess (deficiency) of revenues over expenses	$ 5,171	206,334	(68,330)	(196,105)	(3,281)	(199,386)	(335,264)
Fund Balances, beginning of year		(537,998)	(469,668)	11,417,593	18,160	11,435,753	11,771,017
Fund Balances, end of year		$ (331,664)	$ (537,998)	$ 11,221,488	$ 14,879	$ 11,236,367	$ 11,435,753

(See accompanying notes to the financial statements)

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW[1]
For the Year Ended March 31, 2005

	Operating Fund		Restricted Fund			
	2005	2004 (Note 11)	Capital Fund	Community Trust Fund	Total 2005	Total 2004 (Note 11)
Cash Provided by (used in):	**Operating Activities**		**Financing and Investing Activities**			
Excess (deficiency) of revenues over expenses	$ 206,334	$ (68,330)	$ (196,105)	$ (3,281)	$ (199,386)	$ (335,264)
Net change in non-cash working capital (Note 6)	1,219,689	(281,687)	(174,331)	-	(174,331)	105,753
Amortization of capital assets	-	-	523,267	-	523,267	558,490
(Gain) on disposal of capital assets	-	-	(1,050)	-	(1,050)	(2,380)
	1,426,023	(350,017)	151,781	(3,281)	148,500	326,599
Purchase of capital assets						
Buildings/construction	-	-	(4,865)	-	(4,865)	(170,371)
Equipment	-	-	(104,601)	-	(104,601)	(85,345)
Proceeds on disposal of capital assets						
Equipment	-	-	1,050	-	1,050	60,000
	-	-	(108,416)	-	(108,416)	(195,716)
Net increase (decrease) in cash & short term investments during the year	1,426,023	(350,017)	43,365	(3,281)	40,084	130,833
Cash & short term investments, beginning of year	238,793	588,810	224,055	18,160	242,215	111,332
Cash & short term investments, end of year	$ 1,664,816	$ 238,793	$ 267,420	$ 14,879	$ 282,299	$ 242,165
Amounts in cash balances						
Cash & short term investments	$ 1,664,816	$ 238,793	$ 267,420	$ 14,879	$ 282,299	$ 242,165

[1] Statement is prepared on a fund accounting basis using the indirect method (see CICA paragraph 4400.48).

(See accompanying notes to the financial statements)

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY

NOTES TO THE FINANCIAL STATEMENTS

As at March 31, 2005

1. Legislative Authority

On August 1, 2002, the Legislative Assembly passed *The Regional Health Services Act* (Act). The Act created the Regional Health Authorities for the purpose of governing the delivery of health services as well as establishing and governing Health Regions in the province of Saskatchewan.

On coming into force, the Act terminated the membership of the individual District Health Boards. All assets, liabilities, rights, and obligations of the District Health Boards continue as the assets, liabilities, rights, and obligations of the Regional Health Authority. All contracts with the District Health Boards remain in effect until repealed or replaced by the Regional Health Authorities.

The Mamawetan Churchill River Regional Health Authority was created by the Act. The Mamawetan Churchill River Regional Health Authority (RHA) is responsible for the planning, organization, delivery, and evaluation of health services it is to provide (The Act sec 27) within the geographic area known as the Mamawetan Churchill River Health Region.

2. Significant accounting policies

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles and include the following significant accounting policies.

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following CBOs and third parties to provide health services:

Sandy Bay Outpatient Center Inc.
Creighton Alcohol and Drug Abuse Council Inc.
La Ronge Emergency Medical Services
Nor-Man Regional Health Authority
Pelican Narrows Ambulance Service 617500 Saskatchewan Ltd.

Note 10 b) i) provides disclosure of payments to CBOs and third parties.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community-generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are deferred and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

2. **Significant accounting policies** – (continued)

Buildings	$2^1/_2$ % and 10%
Equipment	5% to 20%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen, and other. All inventories are valued at cost as determined on the first in, first out basis.

f) Investments

Investments are valued at the lower of cost or net realizable value.

g) Pension

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY

NOTES TO THE FINANCIAL STATEMENTS

As at March 31, 2005

3. Capital Assets

	March 31, 2005			March 31, 2004
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$407,572	$0	$407,572	$407,572
Buildings	12,869,896	2,953,723	9,916,173	10,241,634
Equipment	2,420,194	1,901,968	518,226	606,566
	$15,697,662	$4,855,691	$10,841,971	$11,255,772

4. Commitments

a) Operating Leases

Minimum annual rentals under operating leases on property and equipment over the next three years are as follows:

2006	$ 51,719
2007	40,807
2008	9,745

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY

NOTES TO THE FINANCIAL STATEMENTS

As at March 31, 2005

3. Deferred Revenue

Deferred Revenue	Balance, Beginning of Year	Less Amount Recognized From Health	Add Amount Received From Health	Less Amount Recognized From Other Sources	Add Amount Received From Other Sources	Balance, End of Year
Saskatchewan Health - General Revenue Fund						
Environmental Health Officer Funding	$ 85,167	$ 26,487	$ 55,000	$ -	$ -	$ 113,680
Northern Recruitment and Retention Funding	-	-	400,000	-	-	400,000
Northern Regional Intersectoral Committee	36,651	94,950	80,000	-	-	21,701
Population Health (PHU)	-	794,834	962,243	7,951	7,951	167,409
Primary Care Demo Site	3,449	70,698	97,062	-	-	29,813
Uranium Monitoring	14,458	71,998	57,540	23,149	99,425	76,276
Other PHU Revenue Received In Advance						
Dental Health Education	13,007	9,396	15,500	-	-	19,111
Diabetes Prevention	6,232	-	-	-	-	6,232
Infant Mortality	4,183	13,421	35,000	-	-	25,762
Northern Human Services Partnership	18,914	-	-	18,838	-	76
Tobacco Control	-	1,073	45,000	-	-	43,927
Type 2 Diabetes/KYRHA	21,895	1,377	-	10,754	10,754	20,518
Vaccine Purchase	9,194	88	20,000	-	-	29,106
Other Revenue Received In Advance						
Aboriginal Awareness Program	-	-	2,745	-	-	2,745
Aboriginal Coordinator Career Development	-	-	-	2,136	7,000	4,864
Executive Leadership Program	-	3,750	15,000	-	-	11,250
Health Information Protection Act	-	-	10,000	-	-	10,000
Home Care Support Nursing/Therapies	-	-	4,000	-	-	4,000
Health Line Promotion	-	-	4,000	-	-	4,000
Health Quality Council	-	-	-	5,978	9,302	3,324
Injection Drug Use Strategy	11,892	1,143	4,000	-	-	14,749
Kids First North Mental Health	-	-	-	72,623	80,000	7,377
Kids First North Screening/Assessment	-	8,009	16,248	-	-	8,239
Northern Health Strategy Report	29,267	-	-	15,187	-	14,080
PBCN Diabetes Resource Worker	21,178	-	-	15,034	-	6,144
Primary Health Care Health Centers	-	-	130,000	-	-	130,000

5. Deferred Revenue – (continued)

Deferred Revenue	Balance, Beginning of Year	Less Amount Recognized From Health	Add Amount Received From Health	Less Amount Recognized From Other Sources	Add Amount Received From Other Sources	Balance, End of Year
Primary Health Care RN (N/P)	-	-	33,000	-	-	33,000
Primary Health Care Team Development	25,095	-	-	-	-	25,095
Primary Health Services	4,673	149,673	145,000	-	-	-
Professional Development	10,732	12,454	28,088	-	-	26,366
Provincial Diabetes Plan (Podiatry)	-	7,146	30,970	746	746	23,824
Provincial Telehealth Operations Manager	-	-	-	36,528	82,256	45,728
MCRRHA - PNOM Fee	-	-	-	-	241	241
SGI ABI Rehabilitation and Education	26,222	-	-	91,627	100,486	35,081
SRNA Quality Workplace Program Agreement	15,000	-	-	6,721	-	8,279
Stream 1 Funding	-	7,637	52,275	-	-	44,638
Youth Sexual Wellness	-	15,551	85,000	32,640	32,640	69,449
Total	$ 357,209	$ 1,289,685	$ 2,327,671	$ 339,911	$ 430,801	$ 1,486,085

Restricted funding related to general operations from Saskatchewan Health - General Revenue Fund is recorded as revenue as the related costs are incurred. Other sources are recorded as revenue as the related costs are incurred. Kids First North has prepaid rent to the RHA in the amount of $18,000 (2004 - $24,000) and is reflected in capital fund. Monthly revenue of $500 is recorded as rent costs are incurred.

6. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2005	2004	Capital Fund	Community Trust Fund	Total 2005	Total 2004
(Increase) Decrease in accounts receivable	$ (720,343)	$ (120,851)	$ (138,865)	$ -	$ (138,865)	$ 37,176
(Increase) Decrease in inventory	(13,381)	4,403	-	-	-	-
(Increase) Decrease in prepaid expenses	13,330	11,640	-	-	-	-
Increase (Decrease) in accounts payable	891,285	(259,702)	(29,466)	-	(29,466)	44,577
Increase (Decrease) in accrued salaries	(72,925)	118,049	-	-	-	-
Increase (Decrease) in vacation payable	(7,154)	50,725	-	-	-	-
Increase (Decrease) in deferred revenue	1,128,877	(85,951)	(6,000)	-	(6,000)	24,000
	$ 1,219,689	$ (281,687)	$ (174,331)	$ -	$ (174,331)	$ 105,753

7. Athabasca Health Services

In 1998-99, the RHA became responsible for delivering community and mental health services for the Athabasca Health Authority Inc. (AHA). Also, the RHA received AHA's acute care funding from the Department of Health and paid these funds to the Uranium City Hospital, which was responsible for delivering AHA's acute care services.

The funding the RHA received and the payments it made on behalf of AHA for the 2004-2005 fiscal year are:

Funds received from Saskatchewan Health for the AHA area:

	2005	2004
Plus (less) over expended (unspent) funds as at March 31st*	$0	$7,569

	2005	2004
Funds paid on behalf of AHA:		
For community and mental health services	$0	$7,569

* These funds are due to the RHA for the delivery of past years' community and mental health care services in the AHA area.

8. Primary Health Care Transition Fund

The Northern Health Strategy Working Group (NHSWG) received a financial contribution from the Primary Health Care Transition Fund, Health Canada, (PHCTF) for an initiative entitled *Community and Organizational Transition to Enhance the Health Status of all Northerners*. The RHA, being the co-chair of the NHSWG, is the recipient to whom the contribution is being made and who is responsible for carrying out the obligations set out in the Contribution Agreement.

Partners: Northern Inter-Tribal Health Authority, University of Saskatchewan, Kelsey Trail Regional Health Authority, Athabasca Health Authority, Saskatchewan Health and Manitoba/Saskatchewan Region of Health Canada's First Nations and Inuit Health Branch.

Objectives: To utilize existing working relationships among various jurisdictions to move to a primary health care approach that is more comprehensive, accessible, coordinated, accountable, integrated, and sustainable.

Expected Results: A more coordinated approach across jurisdictions in the planning and delivery of primary health care services. By reducing jurisdictional barriers, individuals will receive more seamless services resulting in improved health outcomes. Particular improvements are expected in areas of chronic disease management, mental health and addictions, and injury prevention.

The financial contribution the RHA received and the payments it made on behalf of the NHSWG for the 2004-2005 fiscal year are:

	2005	2004
Financial contribution	$ 1,206,763	$ 50,000
Expenditures	1,068,770	48,021
Overpayment *	$ 137,993	$ 1,979

* The RHA will repay PHCTF this overpayment as specified in signed Contribution Agreement.

These amounts are not reflected in the financial statements.

9. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2005, was $8,318 (2004 - $7,510). These amounts are not reflected in the financial statements.

10. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as departments, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

	2005	2004
Accounts Receivable		
Other Regional Health Authorities	$ 286,716	$ 149,243
Youth Wellness	16,320	20,400
Other	57,533	23,115
Accounts Payable		
Saskatchewan Property Management Corporation	27,516	23,232
Other Regional Health Authorities	57,735	2,828
Other	125,359	41,103
Revenues		
Saskatchewan Government Insurance	131,402	148,347
Other	171,288	124,072
Expenses		
Saskatchewan Association Health Organizations	359,779	872,681
Saskatchewan Property Management Corporation	378,563	341,730
Workers Compensation Board	181,847	191,777
North Sask Laundry & Support Services Ltd.	180,871	149,930
Saskatchewan Telecommunications	144,550	144,755
Public Employees Superannuation Plan	109,529	132,297
Saskatchewan Healthcare Employees' Pension Plan	737,291	101,784
Saskatchewan Power Corporation	91,098	85,950
Other Regional Health Authorities	189,148	70,525
Health Care Organizations	610	55,963
Saskatchewan Government Employees Union	42,304	37,930
Saskatchewan Housing Corporation	87,448	33,215
Other	157,523	47,529

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements at the standard rates charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

b) Health Care Organizations

i) Community Based Organizations and Third Parties

The RHA has also entered into agreements with CBOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to CBOs and Third Parties:

	2005	2004
Sandy Bay Outpatient Center Inc.	$ 135,200	$ 129,017
Creighton Alcohol and Drug Abuse Council Inc.	129,000	123,010
La Ronge Emergency Medical Services	565,850	321,738
Nor-Man Regional Health Authority	36,768	36,768
Pelican Narrows Ambulance Service 617500 Saskatchewan Ltd.	35,840	35,840
	$ 902,658	$ 646,373

11. Comparative Information

Certain 2003-2004 balances have been reclassified to conform with the current year's presentation.

12. Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December

31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Service Superannuation Plan (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

12. Pension Plan – (continued)

The RHA's financial obligation to the plans is limited to making required payments to match amounts contributed by employees for current services. Pension expense for the year amounted to $444,633 (2004 - $396,974) and is included in benefits in Schedule 1.

13. Budget

The RHA Board approved the 2004-2005 budget plan on June 17, 2004.

14. Financial Instruments

a) Significant terms and conditions

Loan Guarantee
Mamawetan Churchill River Regional Health Authority is one of four shareholders of North Saskatchewan Laundry & Support Services Ltd. In February 2005, the Board of Directors passed a resolution to guarantee a proportionate share (1/4) of an operating loan for the laundry service. The liability of Mamawetan Churchill River Regional Health Authority is limited to $100,000 (2004 - $116,400).

b) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

cash and short-term investments
accounts receivable
accounts payable
accrued salaries and vacation payable

d) Operating Line of Credit

The RHA has a line of credit of $500,000 (2004 - $500,000) with an interest rate charged at prime rate, which is re-negotiated annually. The line of credit is secured by an Assignment and Hypothecation of Revenues. Total interest paid on the line of credit in 2005 was $nil (2004 - $nil). The line of credit was approved by the Minister on June 19, 2002.

15. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

16. Community Generated Funds

Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community-generated assets in trust. The Board established a separate fund for the assets of each trust. Health corporations formerly held these assets before amalgamating with the Board. The assets are interest bearing with the interest credited to the trust balance. The Board presently administers $14,879 (2004 - $18,610) under these agreements. The assets are not property of the RHA and are therefore not included as part of the assets of the Board.

17. Contingent Liability

Joint Job Evaluation Reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers have filed reconsideration appeals that are currently under review. A financial obligation to pay reconsideration costs occurs once the Steering Committee reviews the recommendations from the Reconsideration Committee and reaches a consensus decision. At this time the Steering Committee has not reached any final decisions regarding the reconsiderations.

As the final results of the reconsideration process are currently unknown, the cost of the reconsiderations cannot be reasonably determined.

Schedule 1

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT
For the Year Ended March 31, 2005

	Budget 2005	2005	2004 (Note 11)
Operating:			
Benefits	$ 1,571,970	$ 1,401,922	$ 1,338,588
Board costs	160,000	147,902	136,107
Diagnostic imaging supplies	18,040	18,869	15,522
Drugs	212,400	211,309	239,026
Food	139,926	146,943	141,528
Grants to ambulance services	401,563	638,458	395,204
Grants to third parties	262,749	264,200	252,814
Housekeeping and laundry supplies	22,192	20,132	20,940
Information technology contracts	-	-	-
Insurance	29,241	31,361	23,638
Interest	8,756	97,050	17,400
Laboratory supplies	46,000	62,589	54,523
Medical and surgical supplies	137,000	123,051	123,405
Medical remuneration and benefits	142,640	339,998	46,061
Office supplies and other office costs	79,009	56,115	71,227
Other	1,059,337	996,977	1,224,421
Other referred out services	-	-	-
Professional fees	143,615	100,642	112,071
Prosthetics	-	-	-
Purchased services	256,920	277,016	300,812
Rent/lease purchases	290,396	362,115	307,463
Repairs and maintenance	32,752	17,868	27,416
Salaries	8,511,057	8,614,940	8,402,261
Service contracts	106,377	105,383	107,458
Travel	618,942	478,932	592,001
Utilities	295,652	279,548	257,850
	$ 14,546,534	$ 14,793,322	$ 14,207,736
Restricted:			
Amortization		$ 523,267	$ 558,490
Gain on disposal of fixed assets		(1,050)	(2,380)
Other		34,594	11,189
		$ 556,811	$ 567,299

Schedule 2

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
For the Year Ended March 31, 2005

	Amount
Restricted Investments	
Cash and Short Term	
Chequing and Savings:	
Prince Albert Credit Union	$ 9,267
Flin Flon Royal Bank	2,427
Flin Flon Credit Union	3,185
La Ronge CIBC	267,420
	$ 282,299
Unrestricted Investments	
Cash and Short-Term Chequing and Savings - CIBC	$ 1,664,816
Long-Term - Province of Saskatchewan	0
	$ 1,664,816
Total Investments	$ 1,947,115

Restricted Investments consist of: community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule of Externally Restricted Funds); and Saskatchewan Health has provided designated funding for capital expenditures. As a condition of this funding, the RHA is required to classify these funds as externally restricted in the Capital Fund (Note 2b[ii] and Schedule 3).

Schedule 3

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2005

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donation	Expenses	Withdrawals	Balance End of Year
La Ronge Home Care	$ 3,703	$ 152	—	25	—	$ 3,830
Weyakwin Home Care	4,700	2	—	1,773	—	2,929
Creighton Home Care	3,090	95	—	—	—	3,185
Sandy Bay Home Care	3,664	—	—	1,237	—	2,427
Pinehouse Home Care	3,003	755	—	1,250	—	2,508
Total	$ 18,160	$ 1,004	$ —	$ 4,285	$ —	$ 14,879

COMMUNITY TRUST FUND EQUITY

Each trust fund has a "Trust Advisory Committee" which is appointed by the various towns, villages, hamlets and rural municipalities served by the pre-amalgamation agency. The trust funds are for the benefit of the rate payers of the various municipalities and shall be used for health related purposes. The committees have the power to establish rules and procedures and the majority decision of the committees shall be binding upon the Regional Health Authority with respect to use of the trust fund.

Schedule 3 – (continued)

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2005

CAPITAL FUND

	Balance Beginning of Year	Capital Grant Funding	Expenses	Balance End of Year
Automatic External Defibrillators (2)	10,000	-	-	10,000
Upgrade Defibrillator	7,112	-	7,112	-
Portable Vital Signs Monitor (2)	9,000	-	9,000	-
Audiometers (4)	5,788	-	5,788	-
Patient Controlled Analgesic Pump	3,700	-	-	3,700
Emergency Beds (2)	12,156	-	6,078	6,079
Tonopen XL with Starter Pack	4,301	-	4, 01	-
Carbon Monoxide Meter	2,000	-	-	2,000
Hematology Analyzer	58,998	-	-	58,998
Blood Gas Analyzer	26,530	-	-	26,530
12 Lead ECG's with Defibrillator	-	55,966	-	55,966
Vital Signs Monitor	-	13,774	13,774	-
Fibre Optic Laryngoscopes	-	4,661	4,661	-
Intubating Laryngeal Mask Airway Kit	-	1,509	1,509	-
Light Wand Trachlight & Accessories	-	1,962	1,962	-
Full Patient Lift	-	4,462	4,462	-
Electric Beds (4)	-	13,653	13,653	-
Wheelchairs	-	4,013	4,013	-
Hallway Wall - Administration	-	5,000	506	4,494
Anti-theft System	-	23,000	-	23,000
Steel Railing	-	6,086	-	6,086
Raised Flooring System	-	1,914	-	1,914
Transcription Unit	-	15,201	15,201	-
Computers (for transcription unit)	-	2,185	2,185	-
Washer and Dryer	-	2,586	2,586	-
Respiratory (Crash) Cart	-	2,500	-	2,500
Infant/PED Scale	-	2,500	-	2,500
Healthometer Balance Beam Scales	-	578	578	-
Kitchennete Unit	-	10,450	1,495	8,955
Negative Pressure Isolation Room	-	14,000	11,656	2,344
Building Structure Upgrade (water drainage)	-	6,000	-	6,000
Storage area for files	-	28,000	-	28,000
Sandy Bay Air Conditioning Installation	-	7,000	-	7,000
Refurbish Housing Units	-	44,000	-	44,000
Furnishings-Outpost Eight Housing Suites	-	56,000	-	56,000
Total	$139,585	$327,000	$110,519	$356,066

Schedule 4

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2005

	Balance, beginning of year	Net income allocated	Transfer from Externally Restricted Fund Balance	Transfer to investment in capital asset fund balance	Balance, end of year
Capital Fund	$ 22,236	$161	$ 0	$ 1,054	$ 23,451

Amounts represented in this schedule are donations to be used for capital purchases.

Schedule 5

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULES OF

BOARD REMUNERATION, BENEFITS, AND ALLOWANCES
for the year ended March 31, 2005

	2005				2004		
Board Members	Retainer and Per Diems	Benefits[1]	Other Expenses	Total	Retainer and Per Diems	Benefits and Other Expenses	Total
Chairperson							
Louise Wiens	$ 17,271	$ 3,061	$ 3,586	$ 23,918	$ 22,082	$ 14,519	$ 36,601
Board Member							
Larry Beatty (2)	5,499	2,552	4,306	12,357	-	-	-
Al Loke (2)	6,058	675	1,171	7,904	-	-	-
Ida Ratt Natomagan (2)	6,139	2,555	4,331	13,024	-	-	-
Ron Woytowich (2)	5,975	1,072	1,664	8,711	-	-	-
Tammy Searson	2,516	852	190	5,558	5,550	2,597	8,147
Charlene Logan	5,353	3,981	5,327	14,660	5,827	8,376	14,203
William Dumais	2,445	829	1,173	4,446	3,125	4,277	7,402
Mary Denechezhe	4,074	6,024	5,912	16,010	6,526	17,454	23,980
Al Rivard	3,200	1,725	1,950	6,875	5,204	2,485	7,689
Greg Ross (3)	-	-	-	-	600	676	1,276
Peter J. Bear	4,718	4,443	6,103	15,265	5,377	9,204	14,581
Total	$ 63,247	$ 27,767	$ 35,712	$ 126,726	$ 54,291	$ 59,588	$ 113,879

1) Benefits includes employer CPP and all travel time
2) Appointed April 1, 2004
3) Resigned May 2, 2004

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE
for the year ended March 31, 2005

	2005							2004			
					Severance						
Staff	Number of FTE's	Salaries[1]	Benefits and Allowances[2]	Sub-total	Number of FTE's	Amount	Total	Number of FTE's	Salaries, Benefits and Allowances	Severance	Total
Chief Executive Officer	1.00	$101,281	$ 12,262	$113,543		$ -	$113,543	1.00	$ 110,109	$ -	$110,109
Senior Positions:											
Exec. Dir. of Acute Care	1.00	$ 83,076	9,769	92,845	-	-	92,845	1.00	93,291	-	93,291
Director of Corporate Services	1.00	$ 69,348	10,092	79,440	-	-	79,440	1.00	73,968	-	73,968
Director of Support Services	1.00	$ 56,997	9,156	66,153	-	-	66,153	1.00	65,390	-	65,390
Director of Human resources	1.00	$ 68,152	9,346	77,498	-	-	77,498	1.00	73,707	-	73,707
Director of Informatics	1.00	$ 65,359	9,139	74,498	-	-	74,498	1.00	70,388	-	70,388
Director of Mental Health & Addiction	1.00	$ 77,184	10,955	88,139	-	-	88,139	1.00	87,247	-	87,247
Director of Patient Care	0.75	$ 60,658	7,781	68,439	-	-	68,439	1.60	121,248	-	121,248
Director of Population Health	1.00	$ 72,454	10,532	82,986	-	-	82,986	1.00	77,764	-	77,764
District Quality Care Coordinator	1.00	$ 51,956	8,318	60,274	-	-	60,274	1.00	56,420	-	56,420
Exec. Dir. Primary Health Care	1.00	$ 83,076	10,700	93,776	-	-	93,776	1.00	63,470	-	63,470
Total	10.75	$789,541	$ 108,051	$897,592	-	$ -	$897,592	11.60	$ 893,002	$ -	$893,002

1) Salaries include regular base pay, overtime, lumpsum payments, honoraria, and any other direct cash remuneration including sick leave and vacation.
2) Benefits and allowances include the employer's share of statutory and non-statutory benefits, and employee's taxable allowances.

Payee Disclosure List:

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

CREIGHTON ALCOHOL AND DRUG ABUSE COUNCIL INC.	$129,000
DR. BRIAN VICKERS	138,673
DR. JACK LURTON	71,731
FEDERATED CO-OPERATIVES LIMITED	206,740
GREAT WEST LIFE	50,012
J.A. STEYN MEDICAL PROFESSIONAL CORPORATION	52,650
KEEWATIN CAREER DEVELOPMENT CORPORATION	160,099
LA RONGE EMERGENCY MEDICAL SERVICES	565,850
NIGHTINGALE NURSING GROUP	113,292
NORTH SASK LAUNDRY & SUPPORT SERVICES	180,871
NORTHERN INTER-TRIBAL HEALTH AUTHORITY	100,046
PEBA/PESP PUBLIC EMPLOYEES SUPERANNUATION PLAN	109,529
PHARMASAVE #400	128,508
PRINCE ALBERT PARKLAND HEALTH REGION	78,052
REVENUE CANADA	2,829,101
SASKATCHEWAN ASSOCIATION HEALTH ORGANIZATION (SAHO) DENTAL BENEFITS	74,274
SAHO DIP BENEFITS	81,854
SAHO EXTENDED HEALTH CARE	132,401
SANDY BAY OUTPATIENT CENTER INC.	135,200
SASK TEL	127,090
SASKATCHEWAN GOVERNMENT EMPLOYEES UNION - LOCAL	52,817
SASKATCHEWAN HEALTHCARE	737,292
SASKATCHEWAN HOUSING CORPORATION	87,448
SASKATCHEWAN POWER	91,098
SASKATCHEWAN PROPERTY MANAGEMENT / CVA	141,951
SASKATCHEWAN PROPERTY MANAGEMENT / ACCOMMODATIONS	224,874
SASKATCHEWAN WORKER'S COMPENSATION BOARD	168,894
SCHAAN HEALTHCARE PRODUCTS	99,145
SASKATCHEWAN POPULATION HEALTH AND EVALUATION RESEARCH UNIT	122,160
SYSCO FOOD SERVICES OF REGINA	134,876
TRANSWEST AIR	75,584
TOTAL	$7,401,112

Payee Disclosure List cont'd:

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more.

Last Name	First Name	Amount Paid	Last Name	First Name	Amount Paid
BALLENTYNE	ALISON	$50,338	CANNING	ELLIS	$61,478
VANDERGUCHT	FRANCINE	50,580	MALMGREN	PATRICIA	61,792
TUCHSCHERER	MICHELLE	50,656	CLARKE	JANET	62,143
HILDERMAN	DEB	51,176	PREYMACK	AMANDA	62,208
GREUEL	CINDY	51,303	TAYLOR	JAMES	62,428
PROBERT	NAOMI	51,405	KUFFNER	WAYNE	62,903
STOROZUK	KAREN	51,525	SKALICKY	CURTIS	63,419
ERIKSON	IRENE	51,648	MEHL	PAULETTE	64,036
DESROCHES	WENDY	52,276	HEWISON	MORLEY	64,256
BRATBERG	LARENE	52,368	MYSLICKI	CRYSTAL	65,172
BROWN	HEATHER	52,541	LEGEBOKOFF	DENISE	65,327
KREISER	DONNA	53,100	BARTOK	DEANNA	65,406
SANDERCOCK	LEAH	53,563	BARR	SHARILYN	65,626
FESCHUK	SHARON	54,116	HEINRICHS	TERESA	66,399
HABERMAN	CORY	54,169	MARCHILDON	GINETTE	66,432
SMITH	PHYLLIS	54,255	GRIMARD	JO ANNE	66,715
ERMINE	DEBBIE	54,775	FIKOLOMA	RUTH	66,889
HENDRICKSON	ANDREA	55,003	HALLAND	SUSAN	69,753
ENJATI	MOSES	55,185	POIRIER	LORRAINE	70,652
OLSEN	JOAN	55,392	KOWALCZYK	KENNETH	70,770
CHRISTIANSEN	ALLISON	55,410	LYSTER	E JANE	73,105
KONERU	JHANSI	56,090	MOORE	JUDY	74,234
VINCENT	JAY	56,430	STOCKDALE	DONNA	74,677
CLARK	COLLEEN	56,450	HILL	RUSSELL	76,883
ANDERLIK	LORRAINE	56,641	KREISER	JOHN BURK	79,353
BLUE	DIANE	57,692	BILISKE	BARBARA	84,116
ZLIPKO	JOHN	57,835	JOHNSON	JILL	84,116
WOLKOSKY	CHARMAINE	58,296	KEEPING	RUTH	87,786
MACKAY	MICHELLE	58,802	GALLOWAY	PAT	88,390
RATT (MISPONAS)	CAROLINE	59,103	PENNEY	CINDY	89,590
GRAY	JANET	59,841	WOLKOSKY	PATRICIA	93,266

GILES	W BARRY	60,531	CHABOT	LIONEL	102,321
TAGGART	DEBBIE	60,613	KEITH	HEATHER	112,739
MOLNAR	PAM	61,152			
			TOTAL		$4,294,640